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ABSTRACT

This journal of the California Association for Counseling and Development attempts to identify the current issues of concern in the counseling field and share research to help improve the professional learning community. The articles in this issue include: "The Editor's Message" (Pat Nellor Wickwire); "The CACD President's Message" (Marcelino Saucedo); "Are You a Counselor with 2020 Vision?" (Thomas W. Miller and Thomas F. Holcomb); "The Effects of Burnout: Implications for Rehabilitation Counselors" (Brian J. Swanton, E. W. Stude, Jr., Ron Unruh, and Michael E, Swanston); "Challenges of Revising a District Guidance Curriculum" (Mei Tang, Amanda D. Leszczuk, Polli Bailie, Roxie Hord, and Diane Ohe); "The Need for Systemic Training Involving Lesbian, Gay, and Bisexual Client Issues in Counselor Education Programs" (Jennifer A. Walker and Hemla Singaravelu); "The Status, Authority, and Regulation of Counseling in California" (Marcelett C. Henry and Sylvia Hoggatt); "Competent Counselors as Authors" (Nils S. Carlson, Jr.); and "The Therapeutic Relationship: Its Primacy in Counseling Abused, Neglected, and Abandoned Foster Care Youth" (Paul Lavin). (GCP)

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THE EDITOR'S MESSAGE

Pat Nellor Wickwire

Welcome to this issue of the *CACD Journal*! Readers will find an extensive presentation of the opportunities created for many through counseling. With their contributions, our authors emphasize the common goal of enhancing the counseling profession. They affirm "Dignity and Development: The Essence of Counseling," the California Association for Counseling and Development theme selected for 2000-2001 by President Marcelino Saucedo.

Thomas W. Miller and Thomas F. Holcomb examine visionary directions for counselors and counselor educators toward the year 2020, with examples of trends and changes likely to affect the delivery of counseling.

Brian J. Swantor, E. W. (Bud) Stude, Jr., Ron Unruh, and Micheal E. Swanton identify factors which contribute to burnout for counselors, along with definitions, symptoms, and strategies for the amelioration or avoidance of burnout.

Mei Tang, Amanda D. Leszczuk, Polli Bailie, Roxie Hord, and Diane Ohe record the process applied in revising the guidance curriculum of a school district, and discuss the challenges that were met and the lessons that were learned.

Jennifer A. Walker and Hemla Singaravelu highlight the need for systematic training in counselor education programs regarding gay, lesbian, and bisexual issues, and make suggestions for training in awareness, knowledge, and skills.

In the continuing feature "Building the Counseling Profession," Marcelett C. Henry and Sylvia Hoggatt report the status, authority, and regulation for counseling in the state of California, with information from a detailed review of nine California codes, and suggest ways the information can be utilized to enhance the status of counseling.

In the continuing feature "The Personal Side of Counseling," Nils S. Carlson, Jr., explains revision as universal and discusses writing as a process of becoming, and urges counselors to share their professional journeys through writing. Paul Lavin discusses the characteristics of abandoned, abused, and neglected foster care youth, and presents counseling as essential in effecting cognitive, emotional, and behavioral change.

In your journey toward creating opportunities for many through counseling, and in your journey toward enhancing the counseling profession, you have much to share with others. As a contributing counseling professional, you are most cordially invited to share your research, theory, practices, ideas, and viewpoints with others through the pages of the *CACD Journal*.

THE PRESIDENT'S MESSAGE

Marcelino Saucedo

The California Association for Counseling and Development has a vast array of professional services for its members. Through the Association and its 15 divisions and affiliated associations, many opportunities are offered for member interests in counseling and development strategies for clients in a variety of settings. The Association is the only professional organization chartered to serve all counselors in the state of California.

Within the Association are groups who address needs and concerns regarding counseling techniques and strategies affecting all people, including people of color. This statewide organization lends itself to an openness and sharing of viable and serious concerns for all clients in our society.

The *CACD Journal* depicts excellence in counseling professionalism. The journal is a joint effort with coordination and cooperation on the part of the Editorial Board and individual contributors submitting manuscripts. On behalf of the CACD membership, I present our sincerest thanks to Editor Dr. Pat Nellor Wickwire for her dedicated performance in providing us with an outstanding publication.

The *CACD Journal* is the leading professional counseling document published in California. It provides a forum with a strong voice for members to share ideas, experiences, theories, practices, and research. As a professional responsibility, members must continue to make significant contributions to the counseling profession by presenting, writing, and publishing their successes. I challenge all of you to continue or to begin documenting case studies. Write! Write! Write! I want to read your manuscript!

Enjoy the *CACD Journal*!

Marcelino Saucedo, 2000-2001 President of the California Association for Counseling and Development, Community College Counselor and Director of Access First in the First Time Offenders Program at Cerritos College, Norwalk, California, Marriage and Family Therapist, and Presenter of Healing—the Cleansing at the 1997 Ethno-Medicine World Conference in Ecuador.

Are You a Counselor with 2020 Vision?

Thomas W. Miller and Thomas F. Holcomb

Visionary directions for counselors and counselor educators toward the year 2020 are examined. Professional counseling services, emerging managed care models, leadership concerns, and critical paradigm shifts are offered for counselors to consider in approaching service delivery during the next 2 decades. The use of flowcharts for standardizing counseling services and health care delivery is explored, as are critical issues such as multidisciplinary health care, new avenues of specialization, and delivery through telehealth and web-based technologies.

As the year 2020 approaches, counselors need to recognize that within the next 2 decades numerous changes will occur and new directions for counselors will emerge. To project the issues counselors and counselor educators must consider as the year 2020 approaches, various factors must be considered, including the effects of technology and automation, the influence of change on the theory and practice of counseling, and progress in developing and understanding societal needs and value structures in relationship to technology and to worldwide social, political, and economic shifts (Miller, 1998). Technology of the 21st century yields new mediums for obtaining, analyzing, and understanding information. As changing paradigms emerge, value shifts are occurring, and the value structure of society is being challenged by new technology that ranges from cloning of animals to web technologies that provide access to often uncluttered pathways which include the influence of pornography and violence. These changes will require counselors to explore and examine their own values and the ways in which counselors will be trained to provide effective services in the future. The purpose of this paper is to address the driving forces of change, the necessary shifts that are occurring, and the issues and concerns counselors need to address over the next 2 decades.

Sherer (1993) and Trofino (1996) have suggested that the driving forces of change that impact the present counseling environment are economic, demographic, religious, environmental, legal, social, political, ethical, and technological. These forces are affected by elements of globalization, empowerment, and technology. Globalization refers to a holistic perspective, the ability to bridge and value cultural and religious gaps, and to become global in learning and problem-solving approaches. The development of a shared vision which addresses legal, ethical, and value factors will be the critical component for success in the counseling profession.

Thomas W. Miller, Professor and Head, School of Allied Health, University of Connecticut, Storrs; Thomas F. Holcomb, Professor and Chair, Department of Educational Studies, Leadership, and Counseling, Murray State University, Murray, Kentucky.

The authors wish to acknowledge the support and assistance of Lane Veltkamp, Mardis Dunham, Nancey France, Lenore Walker, Thomas Robinson, Pat DeLeone, Richard Clayton, and John Hall. The assistance of Tina Lane, Celena Keel, Janeen Klaproth, Shannon Nelson, Heather Hosford, Linda Brown, Michelle Chicoski, Tag Heister, Amy Pierce, Jennifer Gourley, Miranda Rogers, Kate Smith, Amber Alexander, Tara Rogers, Jennifer Trzaski, and Robert Alderson in the preparation of this manuscript is appreciated.

Accelerated change and increasing complexity require a value-oriented and empowered counselor workforce. Empowerment may be defined as self-direction, with counselor responsibility and authority for decisions. Counselors must be prepared to address the causes of character and commitment to values. Technology will offer the advantages of access, speed, and flexibility. User-friendly access pathways will be of primary importance for both counselor and client. Sherer (1993) has suggested that counselors will need to be multiskilled professionals providing specialized counseling skills in several markets, including health care and industry. The shift from an illness to a wellness model will create a need for increased client health education. Programs and consumer-health educators will be uniquely prepared to meet managed care demands to provide counseling to a spectrum of people with special needs.

Counseling services in a managed care system will take into account the intricacies and balance between cost effectiveness and services provided (Miller, 1998). Managed care is often used as the concept for care of particular conditions and problems, whereas primary care is by definition care of an individual regardless of the particular problems the individual may have. The growth of the managed care model is largely attributed to the drive for cost containment and the pursuit of quality care in health care delivery. Managed care models attempt to create financial incentives for providers and consumers and to limit unnecessary utilization of services as perceived by case managers. Value-oriented counselors must recognize that the managed care model encourages provision of continuous, comprehensive, and coordinated care and consultation to populations from a number of health care professionals working on a team. Shifts in health care models offer counselors new directions and technology in providing services, but the value of client care must not be compromised by cost containment measures.

Flowcharts for Counselors

A flowchart is designed to provide a clear, concise, and graphic basis for communicating methods and decisions for standards of counseling care. The medical and allied health professions have utilized algorithms and care pathways for more than a decade. Counselors realize benefit from the use of a flowchart. In determining the validity of any flowchart, there are three key factors to consider for decision making in diagnosis and treatment of counseling problems.

The first is the origin of the flowchart, who created it, and who processed it. Which values did the creators and processors bring to the decisions? Questions need to be asked about whether it is based on individual opinion or on consensus. Second, if the flowchart has been processed and represents consensus, has it been substantiated either by testing or by tables of evidence and relevant counseling literature? A valid flowchart should have an appropriateness of diagnostic and management procedures that have been substantiated through use in field test and counseling situations. Third, the flowchart needs to have an acceptable level of reliability in the sense that different users of the flowchart arrive at the same outcome, using the same flowchart as the guide for diagnostic assessment and therapeutic interventions.

Paradigm Shifts for Counselors

From services in traditional counseling settings, counselors will become a part of a network of services contracting for reimbursement services in a health care network. These shifts will be driven by capitation and contracts as financial incentives, as well as by minimizing cost and offering shared risks between payers and providers in health

care delivery. Efficiency and competitive premiums will replace what has come to be known as fee for services. Electronic records will replace handwritten documents and data files. In Table 1, a summary of the shifts in counseling services is offered.

Table 1

Shifts in Counselor Services

Components of change	1990s	2020
Organizational paradigm	Conventional counseling services in schools and community centers, private practice, group provider practice and services	Networks and alliances of counselors and others, clinician contracting, integrated delivery systems of care with teams of providers including counselors in specialized training
Communication and information systems	Paper records, counselor-developed record systems, local network accessibility; limited access to information	Electronic records, on-line support systems, E-mail, electronic files, and web page dissemination of counseling courses, supervision and research
Accountability	Limited accountability for counselors, insurers, and third party payers	Networks of accountability through managed care alliances, employers, and government programs
Financial incentives	Fee for services basis, maximized care through revenues, minimal risk to counselors	Capitation and contracting for care, cost-effective care, shared risk between payers and counselors, efficiency, and competitive premiums
Prevention focus	Few incentives for prevention-based initiatives and counselor services	Wellness promotion, financial incentives for consumers, prevention interventions, behavioral counseling and self-management skills, algorithms to ensure standards of care

Factors for the Future

Counselors, as they approach the challenges of the next 20 years, must begin to consider a number of personal and professional factors raised in *First Things First* (Covey, Merrill, & Merrill, 1994). One factor the authors discussed is self-awareness, which is the capacity to view objectively one's gains and losses, and to examine the thinking and the motives involved in change. The second factor is the Jungian concept that is known as our conscience. Covey et al. (1994) argued that conscience connects us with the wisdom of the ages and the current trends in the health care marketplace. The third factor addresses the ability of counselors as professionals to have the capac-

ity to envision the direction professional counselors must address to be prepared for changes in society, science, and practice. Counselors with 2020 vision must engage fellow professionals and consumers through (a) effective value-oriented discussion of social issues and ethical standards, (b) new models of testing and assessment of clients, (c) value structure and character development in training programs, and (d) research to assess the impact of change on the professional practice of counseling (Miller, 1973). All of these concepts are within the repertoire of the counseling profession, which has a rich history of sensitivity to values clarification and ethical standards in professional science and practice. As changes occur in the counseling profession, counselors must begin to recognize that consumer expectations and counseling outcomes must be the result of mutually discussed and agreed-upon dimensions of value-oriented counseling services.

Leadership for the Counseling Profession

Hersey and Blanchard (1988) defined leadership as "the process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation" (p. 186). Management is defined as "working with and through individuals and groups to accomplish organizational goals" (p. 238). Although leadership and management are both important, Bennis and Nanus (1985) identified a profound difference between the two: "Managers are people who do things right and leaders are people who do the right things" (p. 247).

Burns (1988) described two forms of leadership, transactional and transformational. In transactional leadership the relationship with followers is based upon an exchange for some resource valued by the follower. Interaction between leaders and followers is usually episodic, short-lived, and limited to the exchange transaction. Transformational leadership is more potent and complex, and occurs when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation, value orientation, and morality. Through the transforming process, the motives of the leader and followers become identical. This relationship transforms both parties by raising the level of human conduct and ethical aspiration of both the leader and the led.

The issue of leadership for the profession is crucial and the importance of transformational leadership is essential. There are other factors of contemporary connective leadership considerations that need to be addressed by counselors. Gaebler and Osborne (1992) described a type of entrepreneurial model that differs from the traditional models in that it steers more than it rows; empowers communities rather than simply delivering services; encourages competition rather than monopoly; is driven by its mission, not its rules; funds outcomes rather than inputs; meets the needs of the customer, not the bureaucracy; concentrates on earning, not just spending; invests in values and prevention as opposed to cure; decentralizes rather than centralizes authority; and solves problems by leveraging the marketplace, rather than simply creating public programs.

Critical Issues for Counselors in the New Millennium

And so one might ask, what issues does the counselor with 2020 vision see emerging over the next 20 years? Counseling models will provide new forms of practice delivery, including internet and web-based counseling services. The development of models for counseling practice is a critical issue, and, while many of the traditional models of counseling will maintain a presence, counselors will need to develop a holistic perspective in their approach to service delivery to bridge the multicultural

similarities and differences that will emerge as a result of globalization. Counselors will need to work with empowered groups of individuals and facilitate rather than to direct growth and change through group process models.

Testing and assessment present another important issue. Testing and assessment in the counseling profession will be enhanced by a more complex system of assessment which will integrate with current measures the ways in which genetic factors influence emotional, intellectual, and personality markers that result in thinking, reasoning, and the behavior of clients.

Practice and prevention issues will provide direction for the growth of the counseling profession. The counseling profession will align more with the health care industry and will become a partner in the delivery of counseling health care. Counselors will use flowcharts and pathways of care influenced by genetic predispositions and new diagnostics and interventions for improving life skills. Counselors will provide new models of health care. Alcohol and substances of abuse will come under closer regulation and control by the Food and Drug Administration, as has been demonstrated with some tobacco products during the 20th century, and substance-abuse counseling will provide a core ingredient in the prevention-intervention process. Counselors will provide more prevention-intervention programs for health education, and counselors will be a part of a team of service providers in healthcare supercenters that feature health, dietetic, exercise, medical screening and treatment, and health and behavioral counseling. New alliances in education, law, and science will emerge with counseling as a significant partner. Counselors will, by necessity, need to be multiskilled specialists in providing counseling services with current knowledge to address the ethical and value issues that are included in the counseling process.

Significant new legal and ethical issues will emerge over the next 20 years. Advances in new technologies such as molecular genetics will provide new markets for counseling and critical legal and ethical issues for the profession. Extended human life spans will require specialized training in geriatric counseling, and expanded models of health care and prevention programs provided by counselors. The creation of artificial life, cloning, and other forms of biogenetic engineering will be expanded to address illness and the need for organ transplantation. Elimination of organ rejection in transplants and increased interest in harvesting organs for transplant will provide important legal, ethical, and value issues for counselors. Ethical and legal issues related to web-based counseling services will also present legal and ethical concerns. A growing international consciousness will address ethical value and moral conscience in society with respect to worldwide markets of addictive substances and their impact on health care and social norms.

The emerging interest in human genetics and the legal and ethical issues tied to both diagnostic and therapeutic uses of genetic-based research and treatment will impact health care and the counseling profession. The need for genetic counseling will increase and become a specialty area within the counseling profession. The advances in diagnostic genetics and genetic engineering have emerged as a result of the Human Genome Project (Wright, 1998). The impact of what we are learning about the effects of genetic predisposition on personality will have a dramatic impact on the direction that will be taken in providing interventions for a spectrum of disorders that counselors have traditionally treated (Hamer & Copeland, 1998; ScienceNet, 2000).

Education, training, and supervision issues will present new challenges. The use of telehealth technology will reshape counselor education and training programs. New

technology and new mediums employing distance learning technologies and featuring the world's best counselors, value educators, scientists, researchers, and professional counselors will offer education, training, and supervision in classrooms and supervision sites around the world. Master educators will lecture to clusters of university sites, and internet technology will provide for virtual learning experiences. Education, information, awareness, and understanding will become critical in improving quality of life issues for all age levels and members of the world community. Technology-oriented counselors will provide education, supervision, and training experiences through web-based ITV counseling networks. Practitioners in counseling and other fields will provide core training models through web-based interactive television, and university centers will develop new alliances for providing students and educators with a rich diversity of models for counselor education and training.

Retrospectively, counselors can learn from the considerable work that has been completed in the industrial and organizational arena. Drucker (1994) reviewed factors affecting organization and management during the 20th century and the integrating and social functions of organizations, with relevance for planning for 21st century counseling. Wheatley (1994) took a comprehensive approach in *Leadership and the New Science: Learning about Organization from an Orderly Universe*, in focusing on new directions in professional services delivery and visionary planning models. Wheatley and Kellner-Rogers (1998) noted both the need for self-determination and the need for partnering with other professions. New levels of collaboration can be achieved through multidisciplinary models of individuals and organizations as "living systems." An international dialogue has emerged that provides a model of balance with managed care as the focus. Kaiser (2000) described 34 characteristics of the old and new paradigms that apply to the counseling profession and reflect a system shifting to new directions in health care, life, and society.

Visionary issues such as these provide areas in which the counseling profession must begin to address in preparing for the first quarter of the 21st century. The issues confronting counselors today are increasingly complex and varied in content. Counselors in the domains of academics, research, and health care represent an enormous wealth of talent and energy. The counselor with 2020 vision must have competency and capability to understand, adapt, and make the necessary changes in practice, science, research, and the delivery of counseling services for the new millennium.

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"Writing needs to become a daily habit."

— Peggy H. Smith

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"The Power of Words"
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The Effects of Burnout: Implications for Rehabilitation Counselors

Brian J. Swanton, E. W. (Bud) Stude, Jr., Ron Unruh, and Micheal E. Swanton

Rehabilitation counselors are susceptible to burnout, because of the high caseload demands and direct personal contact with individuals with severe disabilities, and ineffectiveness in diagnosing their own stress levels. Definitions, symptoms and strategies to avoid and ameliorate burnout are presented.

The rehabilitation counseling profession utilizes a holistic approach in helping those persons with disability limit physical, psychological, and social barriers in the quest to work and improve the quality of life. Over the past several decades there has been much legislation passed to secure basic rights for people living with a disability, with an emphasis on serving those persons with the most severe disabilities first. As a result, rehabilitation counselors are faced with providing growing caseloads of clients with more complicated services necessary to achieve successful rehabilitation.

The goal of the holistic approach is for the individual to achieve growth in accordance with his or her capability. Education is often the key to this growth. Education increases knowledge and employment prospects, and develops new social behaviors, leisure and occupational interests, and life skills and experiences. To achieve this goal, rehabilitation counselors must often repress their own feelings to work in the best interest of their clients. Efforts result in both failures and successes. Pressures from failure cause counselors stress and dissatisfaction, which are often unrecognized.

Rehabilitation counseling, like many other human service professions, is a career highly susceptible to burnout because of extensive client contact, caseload responsibilities, and positive or negative case outcomes. The purpose of this article is to define burnout as it relates to counseling in general and rehabilitation counseling in specific, and to suggest ways in which the counselor might become more aware of its existence and deal positively with its effects.

Burnout

The term burnout is used to describe maladaptive reactions to stress in the work setting (Stevens & O'Neill, 1983). Today, there are numerous terms to conceptualize and define the existence of burnout. The origin of the term is credited to Freudenberger (1974), who used this term to refer to a number of stress-related somatic and behavioral symptoms concomitant with work-related emotional exhaustion. Other definitions imply that burnout is a process of professional disengagement as a result of stress or strain in the course of work or the work environment (Cheraiss, 1990). Maslach and Jackson (1981) proposed three aspects to burnout: emotional exhaustion as a result of depleted

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emotional resources; negative or depersonalized reactions to clients, which may or may not be related to emotional exhaustion; and feelings of incompetence.

There is a problem in clinically defining burnout in rehabilitation counseling as it relates to the criteria set for the other established occupational disorders. The term burnout does not appear in the most current version of the *Diagnostic Statistical Manual of Mental Disorders (DSM-IV)* (American Psychiatric Association, 1995). Of the diagnoses referenced in the *DSM-IV*, the closest to capturing the essence of what has traditionally been labeled as burnout is V62.2 Occupational Problem:

> This category can be used when the focus of clinical attention is an occupational problem that is not due to a mental disorder or, if it is due to a mental disorder, is sufficiently severe to warrant independent clinical attention. Examples include job dissatisfaction and uncertainty about career choices. (p. 300)

For the rehabilitation counselor to be an effective helper, professional demands must be balanced with personal needs. Without careful management, rehabilitation counselors may want to stop helping others and may need serious help for themselves. In studies of many human service fields, the definition of burnout is a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who do "people work" of some kind (Payne, 1990). The rehabilitation counselor's work can be both gratifying and draining. To enjoy life professionally and personally, the rehabilitation counselor must become an effective manager who can control rather than be controlled by responsibilities, risks, and rewards (Cassel & Mulkey, 1989). Balancing the rehabilitation caseload by management of self, management in setting, management through situations, and management toward solutions can prevent rehabilitation counselor burnout.

The burnout syndrome involves a wide range of causes, consequences, and coping strategies (Riggar & Riggar, 1984), and is often cited as a reason why rehabilitation professionals do not perform more effectively. It is clear that considerable money, time, and effort are lost each year in rehabilitation because of workers who can no longer perform successfully in their jobs due to burnout. More than just a monetary loss is the pain suffered by the person involved in the process. Among the more specific consequences that have been associated with burnout are fiscal loss, personal mental health problems, decreased productivity, absenteeism, and turnover (Prentki, 1980). As a colloquial term, burnout may be sufficient for many purposes; the word however lacks specificity. Other terms have been used in literature, including neurological meltdown, occupational fatigue, executive autism, and job strain.

Burnout has been operationally defined and diagnosed through tests such as the Maslach Burnout Inventory (MBI) (Maslach & Jackson, 1978). Similarly, job satisfaction has been operationally defined and diagnosed through the Muthard and Miller (1973) Job Satisfaction Inventory (JSI). The latter reported information regarding the relationship of job satisfaction components with burnout factors. Emotional exhaustion and other burnout factors are inversely related to job satisfaction (Riggar, Godley, & Hafer, 1984).

Understanding the relationship between personal values and occupational roles offers insight into potential sources of role conflict, which could lead to feelings of job dissatisfaction and burnout. According to Matkin and Bauer (1992), individuals occupy multiple positions in society with certain sets of expected behaviors. Thus, when attempting to fulfill multiple roles simultaneously, people must satisfy multiple expectations, which may cause conflict leading to burnout.

The Role of the Rehabilitation Counselor and Burnout

Defining and describing the role of the rehabilitation counselor may be easier than performing the challenging role throughout a career. Payne (1990) discussed stress-producing factors that are inherent in the rehabilitation counselor's job, such as extensive client contact, caseload responsibilities, and negative case outcomes. Miller and Robert (1979) analyzed counselor burnout and discussed how counselors must make service delivery decisions and take actions without being certain of their effect. Counselors must continuously deal with the stress produced by this ambiguity. Dealing with emotional reactions of the client during the interview, determining the feasibility of the vocational goal in the rehabilitation plan, and deciding whether all necessary evaluation data have been gathered are but a few examples of the tension-producing judgments required of the counselor.

One source of tension has been labeled the "Futility Syndrome," which results from serving people with terminal illnesses (Allen & Miller, 1988). No matter how much the counselor may want a client to succeed, some individuals have minimal prospects for long-term success in their vocational rehabilitation programs. Rehabilitation counselors who have difficulty dealing with the resulting disappointment may become overwhelmed and depressed by the high odds against being effective with clients who have very severe disabilities.

An element of role strain that exists in the rehabilitation counselor's job has been identified in studies by Bloom, Buhrke, and Scott (1988) as the "quantity versus quality" dilemma. While recognizing that people with severe disabilities need more comprehensive services, the system also pressures counselors to move persons rapidly through the system to accumulate their "quota" of successful case closures. Such pressures can easily preclude the delivery of optimal services to the client. As a result, "any employment" rather than "optimal employment" may become the rehabilitation counselor's case service goal. This discrepancy between what rehabilitation counselors are reinforced for doing and what they believe they should do creates considerable role conflict and stress for these professionals.

The Problem-Solving Model in Rehabilitation Counseling

Stevens and Pfost (1984) outlined a general strategy to assist individuals to cope more effectively with a wide range of difficulties which included burnout. Problem solving was defined as a behavioral process which (a) makes available a variety of potentially effective response alternatives for dealing with a problematic situation, and (b) increases the probability of selecting the most effective response from among these various alternatives (D'zurilla & Goldfried, 1971). The problem-solving model includes five stages: general orientation, problem definition and formulation, generation of alternatives, decision making, and verification. Although they may be conceptualized separately, in practice, the stages overlap and interact.

Generating alternatives is perhaps the most important of the five stages. The task is to brainstorm as many responsive options as possible. This stage discourages premature evaluation and emphasizes freethinking, quantity, and combining and improving alternatives.

The decision-making stage involves selecting an optimal course of action from an array of alternatives. This process requires the determination of anticipated rewards and a probability of obtaining those rewards for each alternative. Individuals typically receive a worksheet to assist in consideration of the likely short- and long-term conse-

quences of each alternative.

Verification is the final stage of problem solving. It occurs after a course of action has been implemented, and is intended to evaluate outcomes by comparing them with predetermined standards. Training verification involves teaching individuals to observe, record, and evaluate the consequences of their actions. If the consequences are acceptable, problem solving may be terminated. If a solution is ineffective during the early stages of the problem-solving model, techniques may be altered to achieve more satisfactory results. If problem solving is not achieved, dissatisfaction, disengagement, and ultimately burnout can occur.

Five Keys for Managing Change and Reducing Burnout

A strategic case management game plan is essential for both preventing individual burnout and generating new learning curves and organizational vitality. The plan includes: (1) group grieving, (2) fireproofing against burnout, (3) enhancing risk-taking, (4) building team spirit, and (5) sharpening the career dilemma (Payne, 1990, pp. 21-23).

Key conceptual and strategic connections between managing change and reducing burnout while enhancing vitality include:

1. Group grieving. This concept includes allowing employees to express anxiety and anger constructively in a management-sanctioned forum where energy will less likely be channeled into passive-aggressive inertia, destructive interpersonal conflict, sabotage, lateness, illness, for example. It also gives a strong signal that management is concerned about the employee's and the team's needs, desires, concerns, and problem solving, and ideas about job satisfaction. This also suggests that the rehabilitation of the person with a disability is as important as a case closure.
2. Fireproofing against burnout. This term refers to educating the rehabilitation counselor on how to separate and deal with the stress created by a large caseload. In the rehabilitation counseling profession, change can provide new opportunities for learning with enhanced competence and confidence for problem solvers in supporting optimum case closures.
3. Enhancing risk-taking. As technology and social attitudes change, the possibilities for improving the client's opportunity for reaching an optimal employment goal can be improved. Utilizing new techniques and technology may benefit the client. Of course, there will be errors. Yet, if an organizational climate can see errors as chances for generating self-awareness, change, motivation, and innovation for improved services, then the learning pain will result in substantial gain for the organization.
4. Building Team Spirit in Rehabilitation Counseling. When counselors learn to work in a group atmosphere, as opposed to working as individuals against each other for positive case closures, the chances for burnout are reduced. New or modified roles and responsibilities inherent in a change process make effective group communication and interpersonal coordination essential. Changing times challenge teams. A new urgency may bring increased vitality to the team. Productive and efficient sharing of information and ideas are critical. Another vital ingredient is having both managers and peer team leaders use interpersonal and change agent skills to bring colleagues into a more cohesive work setting.
5. Sharpening the Vocational Rehabilitation Counseling Career Dilemma. Change

often provides a dose of reality for people who have not been motivated or capable of adapting to the new operational requirements. This does not mean these people are not competent; more likely, there is a problematic fit between how they want to use their skills and experience and the new operational requisites and challenges. In the long run, helping these individuals overcome these changes and reaffirming past contributions to the agency results in letting go and moving on to new arenas in a win/win adaptation for the individual with a disability, the team, and the organization.

Suggestions for Protecting the Counselor against Burnout

The opportunity for rehabilitation counselor self-expression balances management of self with excessive caseload demands, and thus, may prevent burnout. The fundamental attitude behind self-expression is perceiving and expressing oneself as first a person and then a counselor. Literal actions that exude from this mental attitude include separating personal and professional living and working locations, hours, activities, and phone calls. Burnout begins and grows very quickly without precautionary prevention. Planning hours around personal demands and needs can increase energy and adjust efforts during professional hours (Maslach, 1982).

Balancing the rehabilitation caseload by management of self, management in setting, management through situations, and management toward solutions can prevent rehabilitation counselor burnout. With effective management skills, the motivated rehabilitation counselor continues giving to clients and cooperating with co-workers and supervisors, while accomplishing objectives and enjoying life. By balancing professional demands and personal needs, the rehabilitation counselor produces results and prevents burnout.

Burnout typically lies in the interaction of individuals with the environmental factors in which they live. Specifically, a person with inadequate stress management and need-gratifying skills who is engaged in a stressful and need-frustrating work environment usually experiences burnout. The precise relationship among these factors and their etiological significance is, however, imperfectly understood.

Counselor awareness of the recognition of the symptoms of burnout is crucial. The symptoms are more readily identified and clustered into four groups: physical, psychological, social, and systems (Carroll, 1979). Common physical symptoms are exhaustion, fatigue, gastrointestinal disturbances, headaches, increased susceptibility to colds and illness, sleep disturbances, and sudden change in behavior. Frequently encountered psychological symptoms include heightened anger, irritability, boredom, distrust, diminished self-confidence, low self-esteem, delusion, loss of enthusiasm, doubt about the value of one's work, helplessness, hopelessness, negative job attitudes, increased pessimism, and cognitive rigidity. Particularly distressing is the rehabilitation counselor's loss of acceptance and respect for the person with a disability. Social symptoms include a decreased ability on the part of the counselor to treat the person with a disability as an individual, overbonding with other staff members, increased conflict at home and at work, and the disruption of long-term relationships. The most significant systems symptom is a decline on the part of the counselor in the quality of contact and understanding of the holistic needs of the individual client. Other signs of systems symptoms on the part of the counselor are poor morale, absenteeism, boycotted meetings, increased demarcation of bureaucratic turf, intrasystem distrust, jealousy, high turnover, organizational decisions made without the client's input, and frequent but sterile staff meetings (Stevens & Pfost, 1984).

To diminish the likelihood of burnout, some supervisors of rehabilitation counselors may: (a) vary the workloads of each individual; (b) rotate people on assignments; (c) set a time for individual and group rejuvenation; (d) give the rehabilitation professional time outs, both on the job and off the job (i.e., vacation). Showing respect for the profession and the job done by the rehabilitation counselor is a key coping strategy in the quality of the self-esteem of counselors.

Concluding Statement

Rehabilitation counselor burnout not only affects counselors, but also affects the family, coworkers, and especially those people with disabilities counselors serve. This leads to, at the very least, inadequate provision of services to persons with disabilities, and, at the worst, failure of the client to become rehabilitated and the loss of counselors to the profession.

To avoid burnout counselors need to work with clients in a holistic manner, understanding their needs and abilities, and working together toward a solution, while recognizing that every case and individual is different. They need to recognize that every case will not be a success and that the responsibility for this does not necessarily fall on the counselor. Counselors need to separate their private and professional lives, and plan for renewal through professional development and leisure time activities. In addition, supervisors can provide a work environment that reinforces positive attempts to deal with counselor burnout.

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"We must have
moral leadership
to create the human environment
in which respect will become
the order of the day."

— Rodney J. Reed

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"The Challenge to Multiculturalism–
Can We Get Along?"
CACD Journal, 1993-1994
California Association for Counseling and Development
Fullerton, California

Challenges of Revising A District Guidance Curriculum

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This article presents the process of revising a school district's guidance curriculum by incorporating the American School Counselor Association National Standards for School Counseling Programs. The challenges and lessons learned from the experiences of this revision process are discussed for future work.

At the turn of the century, society is increasingly diverse and challenging for children in schools. School-aged children have to deal with various issues, including equal access to quality education, safe schools and family environments, peer pressure, and many other personal and contextual issues. The challenges faced by children have significant impact on their personal/social, career, and academic development (Gysbers, Lapan, Blair, & Starr, 1999). A successful school experience is critical for helping children to cope with their life events effectively.

School counselors have played an important role in providing a successful school experience for students. The traditional school counselor often works alone to help each individual student seeking help. Accordingly, teachers, parents, and administrators perceive school counselors as experts who can "fix" the child. However, many of the problems experienced by today's children are too complex and multidimensional for a simplistic intervention (Brott & Myers, 1999; Keys & Lockhart, 1999). A more systematic and comprehensive guidance program appears to be necessary.

The American School Counselor Association (ASCA) has called for the development of a comprehensive and developmental school counseling program nationwide. To emphasize and standardize the role of school counselors in the educational system, and to strengthen the school counseling program, ASCA (1998) has developed the *National Standards for School Counseling Programs*. An important premise underlying standards is that school counseling is an integral part of the educational experience. The national standards, which provide for consistency in the description of the school counseling program, can help to eliminate confusion in the educational and public arenas (Dahir, Sheldon, & Valiga, 1998). Such standards also provide a basis for structure and clarity of program design in addressing the needs of students. Similarly, these standards provide school counselors an opportunity to be more engaged in preventive and developmental work. While the national standards provide a solid framework for practice, a question remains. How exactly can school counselors use such standards in their daily practice?

Another challenge is related to incorporating the national standards into the process of developing or revising a comprehensive school guidance program. The recommended or ideal procedure of accomplishing this task involves materials and equipment, budget, resources, personnel, community involvement, commitment, and time (Gysbers

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& Henderson, 2000; Schmidt, 1999). According to Gysbers and Henderson (2000), the development of a guidance program involves planning, designing, implementing, evaluating, and enhancing. This whole process takes 5 to 10 years for full implementation, evaluation, and enhancement. While this model provides a useful guide for developing or revising a guidance program, in reality, such massive effort and long-term involvement may not be deemed practical by school districts.

How can school counselors realistically utilize existing resources to apply the national standards and exemplary models? This article summarizes one district's experience of revising an existing guidance curriculum, and illustrates how the ideal model promoted by the national school counseling standards can be incorporated into revision process. The difficulties, problems, and lessons learned may help other school counselors with similar challenges.

The Process of Revising A Guidance Curriculum

Background

Lakota Local School District is a fast-growing school district comprised of a diverse socioeconomic population and an increasing number of LEP (Limited English Proficient) students. The majority of the student population comes from middle to upper middle class families. Most parents are professionals and stay married. The students enrolled for 1999-2000 numbered 14,683, and the attendance rate was 95.8%. There were 3.5% students from families eligible for free and reduced price lunch. The total annual spending per pupil was $6,255 (Ohio Department of Education, 2001).

Although school counseling is not mandated by law in Ohio, the district has local school policies that include guidance. Because the guidance curriculum had not been revised for 9 years, the district decided to update its guidance curriculum extensively. The old version of the curriculum resembled a school counselor's job description rather than a guidance plan for school counselors, providing no resources that school counselors could utilize in their work. Thus, the revision of the guidance curriculum demanded reconceptualization of what school counselors do, and how they can help the school district accomplish its broader educational mission.

The board of education approved the plan to revise the guidance curriculum with a limited budget. The district will adopt the revised guidance curriculum to be implemented by school counselors once the final revision is approved by the board of education. The process described in this article is the initial stage of revising the guidance curriculum—rewriting the curriculum to reflect the mission and philosophy of the school district and the national standards of school counseling.

Personnel

A team consisting of school personnel and community members was established to work on the revision. This working committee was comprised of three preK-6 school counselors, three junior high school counselors, three high school counselors, one curriculum consultant, one administrator, and two parents as community members. A subcommittee for each level was also formed to address the needs of three levels of school settings specifically. School counselors who were interested in working on the committee were required to submit an application. The prospective committee members read a job description regarding the task that they would be asked to accomplish and reviewed the Ohio codes of law and school policies for informed decision. The eligible applicants needed to have at least 2 years of work experience as a school counselor. They were expected to work on this project in addition to their regular

duties, and to serve for a term of at least 2 years. Community members were recruited by networking and on a voluntary basis. Committee members who could not attend all the meetings because of their schedules were encouraged to read the meeting summations and provide feedback to the committee.

Planning

The committee first set up a timeline so that they could follow through each stage of tasks needed to accomplish, such as research, drafting, and final writing. The curriculum directors of each level (preK-6 and 7-12) had access to a budget. The committee conducted a comprehensive search to identify current guidance practices. The committee members then compared information to identify guidance curricula from school districts similar in size and socieconomic background to their district.

National Standards for School Counseling Programs (ASCA, 1998) was used as the major framework for revising the guidance curriculum. These standards were fully reviewed and compared to the educational objectives of the school district. Many standards aligned with the district's strategic plan as well as with the mission of the district's Board of Education. As a result, the mission and vision statements of the guidance curriculum were developed to reflect the same philosophy and belief as these sources. The mission statement is as follows: to deliver outstanding academic and curricular opportunities that directly and significantly enhance the education of all students who pass through our doors. The vision statement is: to develop and sustain a learning environment where all students are equipped to reach highest individual potential, recognizing that this is only possible through responsible management of our resources and strong partnership with parents, staff, and community.

Developing the Objectives

Once the vision statement was developed, the subcommittee at each level specified objectives that were appropriate for the service population. The subcommittee members rearticulated the general philosophy and principles of those standards into concrete and achievable goals that students should attain. The new curriculum focused on students' competencies rather than on school counselors' job responsibilities. The multilevel organization permitted subcommittees to develop objectives appropriate for students' developmental levels.

Two sets of information were used to help the subcommittees develop objectives for their respective levels and areas: *National Standards for School Counseling Programs* (ASCA, 1998), and the evaluation of the current practices of school counselors in the district. A list of current school counseling activities and practices was gathered to compare with proposed objectives of the revised guidance curriculum. It was determined that, in fact, many school counselors had been performing routine tasks in line with some of the standards for years, but that those tasks were not specified to focus on students' competencies. This outcome helped school counselors understand better how their regular duties could be easily transformed into meeting the objectives of the revised guidance curriculum.

Following the national standards, the newly developed objectives across all grade levels were categorized into the following domains: Academic Development, Career Development, and Personal/Social Development. After the subcommittee completed drafting the objectives, the entire committee reviewed the drafts for continuity and comparability across the different grade levels, that is, each level had basically the same content areas but different specific objectives for each level. For instance, in the domain of career development, the objective at the elementary level was to let students

explore various jobs; for the junior high level, the objective was to help students understand the relationship between jobs and learning; and, for the high school students, the objective was to help them apply their learning to postsecondary educational and occupational decisions.

Generating the Activities and Resources

Once the objectives were developed, the subcommittees started to locate relevant strategies, guidance activities, and resources that would help the students to achieve the objectives. Because guidance activities needed the entire faculty's cooperation, along with support from the administrators and community members, the strategies and activities were not limited to individual or group work conducted by school counselors. For example, sometimes the activities that work the best are those that can be built naturally into teachers' classroom lessons.

School counselors and teachers were surveyed formally and informally (through daily interaction at school) about strategies and activities that they thought would be useful. Committee members sorted these suggestions to identity which strategies or activities were appropriate for each objective. Other school districts' guidance curricula were also reviewed for strategies and activities to use in implementing the objectives. In addition, the committee used the Internet to find more resources.

Organizing Guidance Curriculum

The final revision of the guidance curriculum consisted of the mission statement for school counseling in the Lakota Local School District, and the strategies and activities associated with objectives at each level for the three standard domains (Academic, Career, Personal/Social). Each page has a header containing information on the level, domain, and the competency that students need to attain. The specific objectives pertaining to that particular competency area are listed on the left column of the page, and the suggested activities and resources are listed in the right column of the page (see Appendix for an example). In this way, school counselors can easily identify resources available to help them to achieve the objectives specified on the same page.

Challenges

At times the process was frustrating for the committee, especially at the beginning because of the uncertainty and lack of clarity about various tasks and roles. Committee members soon began to realize this was a new endeavor for the guidance personnel. This revision process required school counselors to adopt a new perspective, that is, the guidance curriculum is not about their job description, but about students' competencies. Therefore, school counselors were presented a challenge to reevaluate what they had been doing. The need for revision did not imply that their past performance was deficient, but simply provided an opportunity to look at their roles and functions in the total endeavor of educating students. Many committee members shared that the revision process was a learning experience, permitting them to reflect on their present work and envision their future work.

One important issue encountered was the diverse composition of the actual committee. Although everyone worked for the same district and had the same goal in mind, the communication between school counselors from such different grade levels as pre-kindergarten through high school was difficult because they were not fully aware of one another's jobs. Simply conversing about the responsibilities of each member helped to increase awareness of roles and functions.

Another issue that most committee members struggled with was the limited level

of support received from administrators and from other colleagues. Committee members had their regular jobs in addition to participation in this project. Very often, the principal or other school counselors in the same building were not aware of a particular member's involvement. With a school district the size of the Lakota Local School District, it would not be feasible for everyone to be fully immersed in the project. However, input from other school personnel was important in the design of the guidance curriculum; their collaboration and participation in the implementation stage would be crucial later for the success of the revised guidance curriculum.

Similarly, reluctance and resistance from other school counselors made the revision process difficult. Many school counselors, especially those who had been working in the field for a longer period of time, did not show interest or willingness to cooperate with the revision process. Such reactions to reform could influence others, and, therefore, potentially discourage widespread counselor participation.

Logistically, just finding a meeting time was difficult. The size of the group and its diversity caused scheduling conflicts. Committee members did not meet as frequently as they would have wished, and rarely met with full attendance, causing a lack of continuity. A good portion of the meetings was spent reporting subcommittee progress, which became lengthy and inefficient.

Trying to accomplish the revision within the limited time frame and resources, while following the national standards (ASCA, 1998) and the ideal procedure recommended by the exemplary models (Gysbers & Henderson, 2000), was a challenge. It was relatively easy to develop the objectives of the curriculum since there was little dispute about what students should achieve. The difficulties arose from the lack of sufficient resources or personnel support hindering the development of a more comprehensive program plan.

Lessons Learned and Suggestions

It is a challenging but rewarding experience to establish a more clearly defined identity for school counselors and to provide a guide for school counselors to help students achieve academic, career, and personal/social competencies in their schooling. The following summarizes some thoughts generated from Lakota Local School District's revision experiences.

Keep practicality and feasibility in mind while revising the curriculum. The goal is to produce a useful document, not one for colleagues to place on their bookshelves. The product of this revision process should be a curriculum plan which school counselors can use as a guide in their work with students and a framework or guidebook to orient new school counselors.

Ongoing consultation with other school personnel is very important and necessary because their input aids the committee in its development of practical activities and strategies. Depending on the level and school environment, a weekly or monthly evaluation form can be sent out to school counselors and perhaps teachers for their feedback about the objectives and strategies. This method, although not as systematic as formal evaluation, provides instant feedback that can be used in revision. If resources permit, a systematic format of evaluation as suggested by Gysbers and Henderson (2000) and Schmidt (1999) should be included in a guidance program.

Involving and informing many other school personnel about the revision of guidance curriculum provide a supportive milieu for the committee members. As discussed earlier, some principals are not very involved with what their school counselors are

doing. School counselors should inform principals that school counselors are involved in the important task of educating students, and counselors need their understanding and support. It must be a team effort.

Getting teachers' collaboration is also critical for the success of any of the guidance objectives. Some of the objectives align with teachers' curricula. School counselors can ask and help teachers to incorporate the guidance activities into their classroom teaching. This consultation avoids overlapping, and reduces resistance from teachers. To get teachers more involved in this revision process, information can be disseminated about the guidance curriculum through various media or faculty meetings.

Connection with the community advisory teams or members is very important as well. As argued by Rye and Sparks (1999), building a strong advisory team is helpful for designing and planning for school counseling programs. A child does not live in a vacuum; therefore, the community plays an invaluable role in the education of a child as well. Parents and other community members should be invited to join the team, and their opinions should be respected.

Concluding Statement

In summary, the counselors on the committee found the *National Standards for School Counseling Programs* (ASCA, 1998) to provide a practical framework to develop or revise the guidance curriculum for a local school district. The process might be frustrating at the beginning, but it eventually becomes a mutually beneficial tool for school counselors and the school district, and, most important, it presents great potential to help students grow.

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Appendix
Example of Organization of Guidance Curriculum

Pre-Kindergarten through Sixth Grade

Personal/Social Domain

Competency I: Knowledge of Importance of Self-Concept

Objectives	Suggested activities and resources
The student will: 1. describe what she/he likes to do. 2. recognize special personal traits. 3. identify and express skills he/she possesses. 4. understand self-esteem and factors that enhance and hinder self-esteem. 5. demonstrate respect, understanding, and appreciation of cultural diversity in people. 6. describe ways to express and manage feelings. 7. demonstrate self-confidence and pride in effort and accomplishments. 8. realize that people are influenced by their own interests.	A. Conduct individual/classroom discussion and activities. B. Ask students to practice communicating to a specific person what he/she likes and dislikes. Allow each student to practice like and dislike statements. Discuss if the messages were direct and respectful. C. Create "All About Me" book. D. Choose a new student each week to interview, identifying their special traits as a very important person. Write the information on a flip chart to share with the whole class. Some interviewing questions may be: What is your name? How old are you? When is your birthday? Where do you live? What do you like to do for fun? What do you want to be when you grow up? E. Read and discuss the following books: *Don't Feed the Monster on Tuesdays!* Adolph Moser, 1991. *Am I Beautiful?* Else Holmelund Minarik, 1992. *The Lovables in the Kingdom of Self-Esteem.* Diane Loomans and H. J. Kramer Inc., 1991. *We're Different, We're the Same.* Him Henson, 1992.

"There is no better way to clarify and organize your ideas for writing than to explain them to someone else."

— John F. Bancroft

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The Need for Systematic Training Involving Lesbian, Gay, and Bisexual Client Issues in Counselor Education Programs

Jennifer A. Walker and Hemla Singaravelu

The development of multicultural standards and increased awareness in the counseling profession in recent years has improved the competence of counselor trainees. In spite of these efforts, less attention has focused on the need for preparing counselor trainees to work with lesbian, gay, and bisexual (LGB) clients. This article addresses the need for a systematic training component in counselor education programs to improve competencies in the area of client sexual orientation. Suggestions are provided for training in awareness, knowledge, and skills.

In the past decade, a concerted effort has directed attention to the need for multicultural counseling competencies. Bowman (1996), Hoare (1991), Kiselica (1998), Locke (1998), and Sue, Arredondo, and McDavis (1992) noted that the counseling profession and training standards are culturally encapsulated and dominated by Eurocentric models. This movement in the counseling profession has resulted in standards and increased efforts to integrate multicultural competence into counseling programs. While these efforts have increased multicultural competence of counseling professionals, less attention has been focused on the area of competence with lesbian, gay, and bisexual (LGB) individuals. Models of counselor training need to be more inclusive of LGB issues, rather than to relegate these issues to "special topic" status (Morrow, 1998).

A primary concern with infusing LGB competence into counseling curricula is the presence of heterosexism, which may be manifested overtly or covertly. Herek (1990) defined heterosexism as an ideologically based belief system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community. While counseling trainees may not be heterosexist, they may still fail to understand and affirm the complexities involved with LGB clients. Some have suggested that counselors may view sexual orientation as the problem for LGB clients or believe that sexual identity is primarily influenced by the environment (Harrison, 1987; Richardson, 1993; Robinson, 1994). It is incumbent upon counseling programs to combat heterosexist attitudes in counselor trainees with the same zeal that is applied to multiculturalism.

Internalized Homophobia and Ethical Concerns

Counselors and trainees working with LGB clients must be vigilant to guard against unintended manifestations of internalized homophobia. Internalized homophobia in LGB clients, a serious concern, is defined as negative societal reactions and prejudice that are incorporated into the self-image of an LGB individual (Gonsiorek, 1993). Because the LGB population is stereotyped and stigmatized, these messages result in

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lower self-esteem, self-hatred, and further psychological problems (Dworkin & Gutierrez, 1989). Parallels can be drawn between a culturally encapsulated counselor who perpetuates cultural oppression in minority clients and a heterosexist or uninformed counselor who exacerbates feelings of internalized homophobia in LGB clients. Both of these situations violate the sacred ethical principle of nonmaleficence, defined as "[to] refrain from any action that might cause harm, in addition to not intentionally harming others" (Cottone & Tarvydas, 1998, p. 137). A systematic integration of LGB competencies into counseling programs can guide counselor trainees in their ethical choices.

Counselor Self-Assessment

Counselor educators need to be willing to engage in an examination of their own feelings or biases related to LGB clients. Croteau et al. (1998) revealed their own biases by noting that in two LGB articles they authored, they unintentionally left out information about bisexuality—the primary emphasis was on lesbian and gay issues. This kind of honest self-scrutiny on the part of counseling professors will help counselor trainees in their journey to become competent with prospective LGB clients.

One experience illustrates the need for feedback and open communication in counselor training. In her Master's program, one of the authors witnessed a practicum student who demonstrated discomfort with a lesbian client. The client complained, and was switched to a gay counselor trainee. The trainee was told that the client had complained and would feel more comfortable with the gay student. So, without exploration of possible biases, or providing information about working with LGB clients, the trainee was left with the impression that only LGB counselors are competent to work with LGB clients. The feedback process is an important component in counselor development, as it helps combat heterosexism while providing a platform to address trainee's discomforts in working with LBG clients.

Lesbian, Gay, and Bisexual Adolescents

Counseling programs need to prepare students to work with LGB adolescents, who may face greater systemic and societal obstacles than do LGB adults. In 1999, there was a 34% increase in violence in schools and colleges against individuals who were perceived as being LGB (Garofalo, Wolf, Wissow, Woods, & Goodman, 1999). Garofalo et al. (1999) noted that these adolescents are 3 1/2 times more likely to attempt suicide than their peers. As the visibility of LGB individuals in the larger culture continues to increase, adolescents are announcing their sexual orientation earlier than previous generations (Anderson, 1994).

Schools, however, are still reluctant to provide a supportive and safe environment for them (Fontaine, 1997). Without support and affirmation of who they are, LGB adolescents have little basis for developing feelings of self-worth and positive aspirations for their future (Fontaine, 1997; Herr, 1997; Hetrick & Martin, 1987; Malinsky, 1997; Morrow, 1997; Rey & Gibson, 1997).

Prospective counselors can play a vital role in addressing the needs of the LGB population. Counseling programs can teach prospective counselors to advocate for their LGB clients within the confines of school district culture. However, school counselors and trainees may feel conflicted when trying to balance key LGB adolescent issues with other needs of a school district. Robinson (1994) suggested that while parental support for LGB adolescents will likely be minimal, school counselors need to realize that the students are their clients, not the parents or community. Further-

more, Gonsiorek (1993) reported that treatment facilities are often unprepared for LGB teens, may lack information for treating LGB adolescents, and may focus on the sexual orientation of the client rather than more relevant concerns.

LGB Training Competencies

Specific multicultural counseling competencies and standards have been adopted in recent years (Pope-Davis & Coleman, 1996; Sue, Arredondo, & McDavis, 1992). Areas of counselor trainee cultural competence identified by Sue et al. (1992) include awareness, knowledge, and skills. Counselor training in the area of LGB should be integrated into the curriculum in a systematic fashion to ensure competence and skills. Similar standards could be adopted for LGB counselor competency. Sodowsky, Kuo-Jackson, and Loya (1996) stated that:

> Unrecognized counselor emotions include internalized racist reactions that are made credible by the affirmation of many preceding generations of elders and current peers... restricting the training of multicultural counseling competencies to purely cognitive and behavioral levels, such as knowledge and skills, allows individuals to distance themselves from their internalized racist attitudes. (pp. 12-13)

Counselor training in the area of LGB competence should include sensitizing students to develop an acute awareness of their visceral reactions to working with LGB clients. One way to accomplish this is to focus on bodily reactions in supervision, such as muscle tension.

Awareness

Counselor educators cannot assume that counselor trainees who are LGB are at a higher level of awareness or will necessarily be more effective with LGB clients. LGB counselor trainees need to engage in exploration and awareness as well to prevent issues such as internalized homophobia from being projected to LGB clients. Suggested methods to increase awareness include a self-exploration paper in which counselor trainees explore their personal biases in the form of a journal or a self-reflective paper. According to Pederson (1994), engaging in self-examination involves an evaluation of the individual's core values, beliefs, and ways of identifying and solving conflicts related to those belief systems. Recognizing heterosexual privilege would be an important step toward awareness through self-examination. Phillips (2000) defines heterosexual privilege as "... societal rights and privileges enjoyed by heterosexual people but not by LGB people" (p. 347). Examples of this include the privilege of legally sanctioned right to marry, positive portrayals of same-sex relationships in children's schoolbooks, and the ability to show affection publicly without fear of being attacked or ridiculed (Phillips, 2000). Through journals, trainees can explore how heterosexism has shaped their core values and beliefs and how this could potentially affect LGB clients. This examination could begin early in the program to allow the student time to engage in personal growth and to address feelings about LGB clients.

Another way to increase awareness is to invite guest speakers from the campus LGB student organization, local LGB community organizations, or the local Parents and Friends of Lesbians and Gays (PFLAG) chapter to help increase awareness about LGB issues in trainees. While some students may have had a good deal of exposure to the LGB community in general, these speakers could deepen this awareness by addressing specific LGB mental health issues.

Knowledge

Knowledge acquisition in the area of oppression and societal stigmatization can help counseling trainees become familiar with the effects of stereotyping, hate crimes, and inflammatory language, and the ways in which these issues can affect prospective clients. Training methods to increase competency in the area of knowledge include LGB immersion. As part of a course requirement, counselor trainees can be expected to immerse themselves briefly into the world of the LGB population, and to stretch beyond their comfort zone. This experience provides trainees a context for greater understanding and awareness in reference to a minority group membership (Singaravelu & Bringaze, 2001). Attending LGB social and religious events such as festivals, pride marches, musical programs, and informational presentations are examples of ways in which trainees can exceed the limits of their comfort zone (Phillips, 2000). Additionally, making friends or personal contacts with LGB individuals will further increase trainees' comfort level and help purge misconceptions and heterosexist attitudes, thus, normalizing LGB life (Bringaze, 2001).

To develop a healthy therapeutic relationship, knowledge in areas such as sexual identity development theory and LGB resources at the local and national level are important (Bringaze, 2001). Relevant professional articles, conferences, workshops, and books can increase the counselor trainees' knowledge in sexual identity development and internalized homophobia. Novels or autobiographies by LGB authors can increase knowledge and awareness as well as deepen empathy in counselor trainees. Furthermore, education related to advocacy efforts of LGB socio-political groups (such as the National Gay and Lesbian Task Force, the Human Rights Campaign, or the Gay, Lesbian, and Straight Educational Network) and counseling organizations (such as the American Counseling Association's Association for Gay, Lesbian, and Bisexual Issues in Counseling) is another way to increase knowledge in this area.

Skills

To increase competency in the area of skills, counselor educators and trainees can engage in LGB-affirmative therapeutic techniques, thus creating a LGB-affirmative environment with clients (Long, 1996). Role plays depicting LGB-related mental health issues and identifying the difference between heterosexist versus nonheterosexist therapy sessions can help trainees to create a LGB-affirmative environment for clients. Additionally, trainees can seek out volunteer experiences either on campus or in the community. Since volunteer experiences may not be supervised, counseling professors need to ensure that trainees receive informal supervision or feedback related to volunteer experiences.

Finally, field experiences for counselor trainees can include LGB clients. Trainees need to continue to engage in self-exploration and awareness of reactions or negative countertransference with LGB clients. LGB counselor trainees need to continue to self-monitor to guard against overidentification or loss of subjectivity.

Conclusion

The multicultural movement in the counseling profession has resulted in heightened awareness of the need for counselor trainees to increase their competence in the areas of multicultural awareness, knowledge, and skills. The acquisition of these competencies helps counselor trainees to empower culturally different clients to cope with oppression, as well as to develop an increased sense of self-awareness around their own personal bias. LGB competencies can be incorporated into counselor training

programs in much the same manner. These clients continue to face harsh rejection, familial ostracism, and violence (Bringaze, 2001; Dworkin & Gutierrez, 1989; Garofalo et al., 1999; Herek, 1990; Hetrick & Martin, 1997). Internalized homophobia can subtly and covertly destroy or severely damage the self-image of a LGB client. These factors face LGB clients of all ages, and can result in loneliness, depression, and suicidal ideation.

Counselor training programs need to make a concerted effort to ensure that counselor trainees are prepared to work with LGB clients in a knowledgeable, nonjudgmental manner. Counselors who have not been trained in this way may be professionally negligent, resulting in damage to an LGB client. Counselor training programs can also prepare prospective counselors for potential conflicts in their work environments. A systematic integration of LGB competencies into counselor training programs will result in counselors who are comfortable, competent, and capable of working with LGB clients.

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Feature...

Building the Counseling Profession...

"Building the Counseling Profession" highlights significant events and offerings in the history and the development of the counseling profession in California.

The Status, Authority, and Regulation of Counseling in California

Marcelett C. Henry and Sylvia Hoggatt

The status, authority, and regulation of counseling in the state of California are evidenced by more than 280 sections in California codes and more than 30 related California commissions. Information about these provisions can be used to advance and enhance the counseling profession through counseling services, programs, education, and legislation.

The practice of counseling in California has changed over the past decade, as it has in the nation and internationally. Many are offering counseling services with or without licensure or certification. To complicate the state of counseling, the entry of computer accessibility to counseling services has created another way to challenge the present practice.

The California Association for Counseling and Development (CACD) has a pivotal role in maintaining the integrity of the counseling profession. To support this role through CACD advocacy activities, the CACD Public Policy and Legislation Committee undertook an investigation of the provisions for counseling in the state of California. The project was commissioned to conduct a comprehensive review of related California codes and to create a comprehensive listing to represent the status, authority, and regulation of counseling in California in the year 2001.

Method and Results

The project investigator examined nine state codes to identify all sections that are related to counseling. More than 280 code sections were identified. The sections include information about the types of counseling, the counselors, and the counselees; information about the purposes and the expected outcomes of counseling is implicit. Some of the code sections also include liaison references to state and federal departments and offices, registries and regulatory boards, commissions, educational and other governmental entities, centers and sites, programs, and legislative actions. Scope and detail are addressed for a wide span of offerings, populations, and settings. Defini-

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Members of the Advocacy Task Force Ad Hoc Committee included the authors; Richard A. Koch, Professor, California State University at Sacramento; Richard Hoover, Executive Director, CACD; Jimmie L. Thomas, Bilingual Vocational Counselor and Medical Case Manager, Elk Grove, California.

tions, qualifications and roles of providers, and requirements and limitations for services are stated.

Information derived from the investigation is presented in tables which follow. Table 1 includes information identified in the Business and Professions Code; Table 2, the Family Code; Table 3, the Welfare and Institutions Code; Table 4, the Labor Code; Table 5, the Insurance Code; Table 6, the Military and Veterans Code; Table 7, the Education Code; Table 8, the Penal Code; and Table 9, the Health and Safety Code. Each table includes information about the number of each code section, the authorized type of counseling, the authorized counselor or counselors, and the authorized counselee or counselees, as well as a concise section summary.

As a complementary effort, the project investigator identified commissions in the state of California which serve to inform, advise, and monitor the status, authority, and regulation of counseling in California. More than 30 commissions were identified. Selected related commissions include those with interest and influence in special education, children and families, inmate population management, aging, crime control and violence prevention, crime, debt, health policy and data, medical assistance, student aid, teacher preparation and licensing, rehabilitation facilities, housing and community development, accreditation for marriage and family therapy education, social work education, health and safety, judicial performance, peace officer standards and training, educational innovation and planning, health facilities, industrial welfare, accreditation of healthcare organizations, accreditation of hospitals, labor, insurance, postsecondary education, public utilities, rehabilitation accreditation, status of women, and violent crime victim assistance. The appendix displays a listing of these commissions.

Potential Applications

This investigation of offerings in counseling that are authorized and regulated by the state of California as recorded in California codes has the potential for various applications. Counselor educators and trainers may, for example, apply the information in courses of study to identify areas of preparation, design or confirm curricular content and sequence, adapt provisions for supervised experience, and recommend employment options. Students may, for example, use the information in surveying and selecting options for internships and field work, employment, careers, and additional education and training.

Counselors and other service providers may, for example, establish a perspective on the scope and detail of opportunities and needs for programs and services, with a view toward employment, education, and training. Researchers and evaluators may, for example, review current offerings and their measured legacy, and study and test differential models of program and service design and delivery.

CACD, its divisions, and its affiliated associations may, for example, identify possibilities for program, professional, legislative, and membership development and outreach. Professionals interested in legislation may, for example, identify strengths and limitations in coverage, and outline plans for action. Others may wish to apply the prototype of this investigation to other codes in the state of California.

Concluding Statement

These data provide insights concerning counseling. First, it is clear that California has an inherent interest in the counseling profession. From an individual perspective,

there is an urgent need for those seeking new legislation to review the existing codes and their provisions. Seeking to amend existing codes may be more effective than seeking to pass new legislation.

Second, because of the need for counseling services, in some cases, the use of professional counselors is overlooked and redirected to other related services provided by similar practitioners. And, third, this work should be used by those seeking to meet unmet needs for legislative support.

Table 1

California Business and Professions Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
2512.5	Reproductive	Midwife: Expectant mother	Qualifications to be licensed in practice of midwifery
2530.2	Speech, voice, or language	Speech-language pathology: Individuals, groups	Definitions of terms related to speech-language counseling
2585	Nutritional	Dietitian: Physician-referred patient, Medi-Cal recipient	Qualifications for dietitian
2586	Nutritional, dietary	Dietitian: Individuals, groups in licensed institutional facility or private office setting	Roles of dietitian
2903	Psychological-influencing behavior, psychotherapy, hypnosis, behavior modification, psychological testing	Psychologist: Individuals, groups	Definition of practice; licensure to practice
2909	Psychological	Psychologist, psychologist assistant, student counselor, school psychologist, psychometrist: Students; federal, state, county, municipal government client	Employees who perform psychological services as official duty
2913	Psychological	Psychological assistant: Mental health clinic client	Performance of limited psychological functions
2914	Psychological	Psychologist: Individuals, groups, families, couples	Licensure
3306	Post fitting of hearing aids	Hearing aid dispenser: Hearing aid recipient	Definition of practice of fitting or selling hearing aids
4980	Individual, family, relationship	MFCC: Families, individuals	Need for license to practice
4980.01	As part of professional duties/practice	Priest, rabbi, minister, lawyer, doctor: Congregation member, client, patient	Professional individuals exempt from MFC license requirements
4980.02	Interpersonal relationships	MFCC: Individuals, couples, groups	Definition of MFC counseling
4980.10	Interpersonal relationships	MFCC: Individuals, couples, groups	Definition of MFCC
4980.30	Interpersonal relationships	MFCC: Individuals, couples, groups	Obligation to apply for license
4980.35	Interpersonal relationships	MFCC: Individuals, couples, groups	Application to be MFCC
4980.37	Interpersonal relationships	MFCC: Individuals, couples, groups	Educational degree requirements for licensure
4980.40	Interpersonal relationships	MFCC: Individuals, couples, groups	Qualifications for application for licensure
4980.41	Interpersonal relationships	MFCC: Individuals, couples, groups	Coursework/training for eligibility for licensing exams
4980.43	Interpersonal relationships	MFCC: Individuals, couples, groups	Supervised experience requirements for licensure
4980.45	Interpersonal relationships	MFCC: Individuals, couples, groups	Supervision/employment of unlicensed MFC registered interns in private sector
4980.54	Interpersonal relationships	MFCC: Individuals, couples, groups	Approved continuing education for licensed MFCC
4980.60	Interpersonal relationships	MFCC: Individuals, couples, groups	Rules of professional conduct governing licensed MFCC
4980.90	Interpersonal relationships	MFCC: Individuals, couples, groups	Experience gained outside California in licensure requirements
4981	Interpersonal relationships	MFCC: Individuals, couples, groups	Licenses to engage in MFC counseling
4982	Interpersonal relationships	MFCC: Individuals, couples, groups	Unprofessional conduct
4982.25	Interpersonal relationships	MFCC: Individuals, couples, groups	Fees related to licensure

Table 1 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
4984.7	Interpersonal relationships	MFCC: Individuals, couples, groups	Fees related to licensure
4984.8	Interpersonal relationships	MFCC: Individuals, couples, groups	Inactive status of license
4986.10	Academic learning	LEP: Children, adults	Professional functions
4986.20	Academic learning	LEP: Children, adults	Licensure qualifications
4987.5	Interpersonal relationships	MFCC: Individuals, couples, groups	MFC counseling corporation
4987.7	Interpersonal relationships	MFCC: Individuals, couples, groups	Name of MFC counseling corporation
4987.8	Interpersonal relationships	MFCC: Individuals, couples, groups	Licensure requirements of corporation members
4988	Interpersonal relationships	MFCC: Individuals, couples, groups	Disqualified shareholder of MFC counseling corporation
4988.1	Interpersonal relationships	MFCC: Individuals, couples, groups	Professional conduct of MFC counseling corporation
4988.2	Interpersonal relationships	MFCC: Individuals, couples, groups	Formulation/enforcement of rules on MFC counseling corporation
4992.3	Professional	CSW: Varies	License suspension or revocation
4992.36	Interpersonal relationships	MFCC: Individuals, couples, groups	License revocation or suspension
4996.20	General, nonmedical	CSW: Individuals, families, groups	Criteria for experience for CSW
4996.21	General, nonmedical	CSW: Individuals, families, groups	Criteria for experience for CSW
4996.9	General, nonmedical	CSW: Individuals, families, groups	Definition of practices of CSW
7392	Vocational education	Licensed vocational education instructor: Vocational education student	Continuing education requirement
18895	Financial	Athlete agent: Athlete	Miller-Ayala Athlete Agents Act

Note. MFCC = marriage, family, and child counselor; LEP = licensed educational psychologist; CSW = clinical social worker.

Table 2

California Family Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
304	Premarital	Not specified: Minors	Premarital counseling for minors
1815	Interpersonal relationships	MFCC: Individuals, couples, groups	Minimum qualifications for supervising or associate counselor of conciliation
3044	Alcohol or drug abuse	Not specified: Domestic violence parent	Domestic violence and seekers of child custody
3190	Outpatient, substance abuse, mental health	Not specified: Parent, minor child	Court-mandated counseling of parent or party involved in custody or visitation dispute
3191	Conflict reduction, parenting skills	Not specified: Parent	Specific designation of counseling
3192	Conflict reduction, parenting skills	Not specified: Parent	Separate counseling for parents with history of abuse
3202	Group	Licensed psychiatrist, licensed psychologist, licensed CSW, licensed MFT: Parents	Supervised visitation and exchange programs

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Table 2 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
3203	Group	Licensed psychiatrist, licensed psychologist, licensed CSW, licensed MFT: Parents, children	Supervised visitation and exchange program establishment
3204	Group	Licensed psychiatrist, licensed psychologist, licensed CSW, licensed MFT: Parents, children	Annual grant to fund child custody and visitation programs
4331	Vocational training	Vocational training counselor: Nonsupporting spouse	Court-ordered vocational training exam pursuant to dissolution
6924	Outpatient mental health	Mental health professional, MFT, LEP, credentialed school psychologist, clinical psychologist, MFT intern, chief administrator of government agency: Minor aged 12 or older	Mental health treatment or counseling for minors as outpatients
6929	Alcohol or drug abuse	Physician, registered nurse, psychologist, CSW, MFCC: Minor aged 12 or older	Definition of terms in relation to alcohol and drug abuse counseling services for minors
8733	Adoption	Licensed adoption agency: Prospective adoptive parents	Requirement that licensed adoption agency provide adoptive parent with information regarding needs of child to be adopted
8801.5	Adoption	Adoption provider, licensed psychotherapist: Birth parents	Rights of birth parents placing a child for adoption
8812	Adoption	Adoption provider, licensed psychotherapist: Birth parents	Request by birth parents for payment of fees and expenses by adoptive parents
20038	Family	Family Court Services: Visitation disputing parents	Mediation orientation for Family Court

Note. MFCC = marriage, family, and child counselor; CSW = clinical social worker; MFT = marriage family therapist; LEP = licensed educational psychologist;.

Table 3

California Welfare and Institutions Code Sections That Are Related to Counseling

Section	Type of counselng	Counselor: counselee	Summary
258	Group	Private nonprofit agency: Convicted juvenile	Penalty to minor for moving violation in accord with Section 257
319	Family	Unspecified: Child, child's parents/guardians	Removal of child from parents'/guardians' custody
601.3	Truancy	Probation officer, School Attendance Review Board: Minor	Legal consequences of truancy of minors
601.5	Individual	Public or private agencies, individuals: At-risk youth	At-Risk Youth Early Intervention Program
626	Individual	Public or private agency, individual: Minor	Temporary custody of a minor by a peace officer
654	Individual, family, vocational	Sheltered care facilities, crisis resolution homes, counseling and education centers: Minor in jurisdiction of juvenile court	Program of supervision of minor instead of becoming ward of court
727	Parenting	Parent education-parenting programs at community college or school district: Parent/guardian of minor	Court orders for minor adjudged ward of court
729.1	Individual	Unspecified: Minor charged with graffiti/vandalism	Condition of probation for minor found guilty of graffiti/vandalism of public transit vehicle

Table 3 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
729.11	Group, family, individual	In-custody substance abuse program: Substance-dependent delinquent youth	Juvenile Offender Substance Abuse Treatment Program
729.2	Individual, family	Parent education-parenting programs at school district or community college: Parent or guardian and minor found guilty of graffiti/vandalism	Condition of probation for minor found guilty of vandalism/graffiti
731	Professional	Unspecified: Ward, parent or guardian	Mandatory programs for ward of court
747	Psychological	Multiagency/multidisciplinary team: Delinquent minor	Standards for project implementation by Board of Corrections
792	Family	Unspecified: Custodial parent, minor	Citation: parent/guardian/foster parent to appear at minor hearing
990	Drug and alcohol abuse	Youth center: Youth	Definition of terms for nonprofit agencies serving youth
1120	Vocational	Unspecified: Wards committed to Youth Authority	Educational programs for wards of Department of Youth Authority
1123	AIDS/HIV	County health officer: Wards of Youth Authority	Education about high-risk behavior for contraction of HIV
1768.9	Pretest, posttest	Physician, registered nurse, psychologist, licensed social worker, volunteer with training in HIV/AIDS: Person under jurisdiction of Youth Authority with clinical symptoms of AIDS or AIDS-related complex	Obligation of person under jurisdiction or control of Department of Youth Authority to submit to AIDS test
1788	Family, emotional needs	Runaway Youth and Families in Crisis Program: Runaway youth, nonrunaway youth and families	Runaway Youth and Families in Crisis Project
1820.3	Individual	Unspecified: Juveniles	Requirements for eligibility for partnership funds by county for juvenile ranches, camps, or forestry programs
1900	Group, individual, employment	Multipurpose youth service bureau programs: Predelinquent youth, delinquent youth	Delinquency prevention programs
2001	Suicide, drug and alcohol abuse	Youth center, youth shelter: Youth in shelter/center	Definitions in regard to youth center or shelter
3308	Individual	Community correctional center: Persons committed	Community correctional centers of Director of Corrections
4094.5	Family	Community treatment facilities: Severely emotionally disturbed children and their families	Community treatment facilities
4244	Family	Private contracted service: Family of mentally disordered family members	Services to assist mentally disordered family members
4353	Individual	State agency: Those with traumatic head injury	Lack of services for those with traumatic head injury
4367	Diagnostic procedures, resources	Resource centers: Brain-impaired adults, their families and caregivers	Functions of resource centers for brain-impaired adults
4512	Individual, family	Unspecified: Individual with developmental disability and his/her family	Definitions of terms related to services and supports for individuals with developmental disabilities
4685	Individual, group	Regional centers: Parents and children with developmental disabilities	Services of regional centers to families with children with developmental disabilities who live at home
4687	Family	Regional centers: Persons with developmental disabilities and their families	Rights of persons with disabilities to have relationships, marry, be part of a family, and be a parent

Table 3 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
5328	Genetic	Those qualified to do genetic counseling under Section 309 of Health and Safety Code: Blood relatives of patient with genetic handicap	Disclosure of confidential information and records
5600.4	Peer, individual, group	Rehabilitation, support service: Mental health clients	Community mental health services
5667	Mental health	Community mental health center: Individuals	Community mental health center
5671	Independent skills, individual, group, crisis intervention, prevocational	Unspecified: Residents of long-term treatment program	Programs in community residential treatment system
5672	Individual, group	Unspecified: Children, adolescents, family	Types of programs serving children and adolescents
5673	Mental health	Licensed psychiatrist, licensed psychologist: Mentally disordered individuals placed in state hospital due to lack of community placements	Pilot program for 15-bed locked facility for provision of community care and treatment
5692.5	Group, individual	Prevocational and vocational programs: Students	Community vocational rehabilitation system programs
5694	Peer	Mentally disabled: Homeless mentally disabled	Community support program for homeless mentally disabled
5865.1	Individual, group	Collaborative agencies: Children aged 15-21	County services for children aged 15-21
8016	Financial	Unspecified: Elders who need assistance with income management	Services to seniors in private or public nonprofit agencies
9002	Individual	Private health agency: Senior citizens	Findings and declarations regarding programs for senior citizens
9541	Medicare services, long-term care, managed care	Health insurance volunteer: Medicare beneficiaries	Purpose of Health Insurance Counseling and Advocacy Program
9542	Group, individual	Unspecified: Family, caregiver	Purpose of Alzheimer's Day Care-Resource Center Program
9545	Individual	Unspecified: Elderly, functionally impaired adults	Purpose of Linkage Program
10559	Individual	County personnel: Blind, deaf, or hearing impaired	Office devoted to service for blind, deaf, and hearing impaired
10609.4	Individual, group	Public agency: Foster youth	Implementation/administration of Independent Living Program
10621	Peer	Unspecified: Deaf and hearing impaired	Public social services for deaf and hearing impaired
11052.1	Work-related	Unspecified: AFDC clients	Dissemination of information to applicants and recipients regarding work incentive provisions
11323.2	Personal	Unspecified: Welfare-to-work recipient	Supportive services in Welfare-to-Work Plan
11325.7	Mental health	County Department of Welfare and Department of Mental Health: Welfare-to-work recipients	Mental health services for welfare-ro-work recipients
11325.8	Employment	Case manager at county alcohol and drug program: Welfare-to-work recipients	Substance abuse treatment programs for welfare-to-work recipients
11325.9	Domestic violence	Psychiatrists, psychologists, counselors trained in mental health: CalWORKS families	Pilot project of integrated and coordinated case management for CalWORKS families
11330.5	Intensive	Case manager: Teenagers in GAIN program	Case management services and counseling to teenagers in GAIN
11332.5	Intensive	Case manager: Teenage parents	Case management and counseling services for teenage parents

Table 3 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
11495.1	Domestic abuse victim	Unspecified: Welfare-to-work recipients	Task force to develop protocols for welfare-to-work victims of domestic abuse
13701	Immediate emotional crisis	Homeless youth project: Homeless youth	Services provided by project
14021.6	Substance abuse	Unspecified: Medi-Cal beneficiary	Medi-Cal Drug Treatment Program
14132	Preconception, maternal health, fetal health, family planning, nutrition	Comprehensive clinical family planning service: Medi-Cal recipients	Schedule of benefits for Medi-Cal recipients
14132.06	Mental health	Local education agency: Medi-Cal recipients	Covered Medi-Cal benefits provided by local education agencies
14132.35	Unspecified counseling	Stroke Center: Stroke victim	Outpatient rehabilitation services for Medi-Cal recipients
14132.35	Prenatal, nutrition	Comprehensive prenatal provider: Expectant mother	Comprehensive prenatal services
14500.5	Preconception, fetal health	Unspecified: Prospective parents, expectant parents	Definitions of family planning
14550	Dietary	Professional registered nurse: Adult day health care center recipient	Adult day health care center
15701.4	Individual	Unspecified: Endangered abused adults	Appropriate temporary protective services
15753.5	Elderly abuse	Psychiatrist, psychologist, trained counseling personnel: Elderly dependent persons	Definition of multidisciplinary personnel team
15763	Abuse/problem identification	Case manager: Elderly dependent adult	Emergency response adult protective services program
16002	Family	State agency: Adoptive parents	Placing of siblings in foster homes
16145	Family planning	Licensed maternity homes: Unmarried persons under age 18	Freedom of choice in family planning decisions for unmarried under age 18
16147	Social service	Licensed maternity home: Pregnant minor in licensed maternity home	Financial responsibility of parents of pregnant minor in licensed maternity home
16500.5	Family	County mental health, substance abuse treatment: Family and at-risk children	Family preservation services
16501	Family	County mental health, substance abuse treatment: Child and family	Child welfare services
16605	Individual, group	Unspecified: Relative caregivers, children at risk of dependency or delinquency	Kinship Support Services Program
17501	Telephone crisis, direct supportive	Contracting agency: Client	Counseling/referral/information services through contracting agency
18203	Employment	Unspecified: Public assistant recipients	Priority for approved county projects
18222	Mental health, life skills, individual, family, group	Unspecified: Habitual truants, runaways, at risk for for being wards of court	Federal funds to serve children under juvenile court supervision
18276	Sexual abuse	On-site professionals: Sexually abused children and their families	Functions, goals of program for sexually abused children
18294	Peer	Peer: Victims of domestic violence	Basic services to victims of domestic violence and their children
18327	Health and welfare	Unspecified: Older adults confined to their homes	State plan referred to in Section 18326 inclusions

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Table 3 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
18376	Individual	Senior volunteers: Senior centers in housing and center facilities	Authorized payment of state funds for services to seniors
18600	Personal adjustment	Private nonprofit organization: Newly blind, severely visually impaired	Pilot program for newly blind/severely impaired adults 55 and 55+
18961	Family	Local public agency: Children at risk of abuse, children's families	Criteria for selection of projects for broad-based community support for children at risk of abuse or neglect
19013	Rehabilitation	State public postsecondary education system: Eligible students with disabilities	Services to individuals with disabilities
19150	Employment	Qualified personnel: Persons with disabilities	Goods and services included in vocational rehabilitation services
19356.6	Job adjustment	Supported employment services: Individual with developmental disability, family	Definition of terms in Habilitation Services Program
19502	Individual	Orientation center: Blind persons	Orientation centers for blind persons
19801	Peer	People with disabilities: People with disabilities	Independent living center
22008	Individual	Health Insurance Counseling and Advocacy Program: Seniors interested in long-term care insurance	Long-term care insurance counseling
24001	Preconception, maternal/fetal	Unspecified: Females	Definition of family planning
24005	Family planning	Licensed medical personnel with family planning skills: Medi-Cal recipients	Family Planning Access Care and Treatment Waiver Program
24007	Preconception, nutrition, family planning	Licensed medical personnel with family planning skills: Medi-Cal recipients	Benefits of Family Planning Access Care and Treatment Waiver Program

Table 4

California Labor Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
139.5	Vocational rehabilitation	Qualified rehabilitation representative: Qualified injured worker	Vocational rehabilitation unit
230.1	Psychological	Unspecified:Victim of domestic violence	Rights for time off by victims of domestic violence who work for an employer of 25 or more employees
3214	Vocational	Independent early intervention counselor: Injured employees of Departments of Corrections and Department of Youth Authority	Workers' compensation early intervention programs for injured employees of Department of Corrections and Department of Youth Authority
4635	Vocational rehabilitation	Independent vocational evaluator: Qualified injured worker	Qualified injured worker, qualifications for Independent Vocational Evaluator
4644	Vocational rehabilitation	Independent vocational evaluator: Qualified injured worker	Termination of liability of employer for vocational rehabilitation services

Table 5

California Insurance Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
799.03	HIV	Private physician, county department of mental health, local medical sites: Insured	HIV testing by insurer
10176	Relationship	MFCC: Family, child, married/premarried couple	Reimbursement of services in disability insurance
10177	Relationship	MFCC: Family, child, married/premarried couple	Reimbursement for self-insured employee welfare benefit plan
10192.17	Health insurance	Health Insurance Counseling and Advocacy Program: Medicare recipients	Medicare supplement policies and certificates
10192.18	Health insurance	Health Insurance Counseling and Advocacy Program: Medicare recipients	Medicare application forms
10192.20	Health insurance	Health Insurance Counseling and Advocacy Program: Medicare recipients	Issuer of Medicare insurance
10233.5	Long-term care insurance	Health Insurance Counseling and Advocacy Program: Senior citizens	Delivery of outline of coverage to prospective applicants for long-term care insurance
10234.6	Long-term care insurance	Health Insurance Counseling and Advocacy Program: Long-term care insurance consumer	Format/content of consumer rate guide for long-term care insurer
10234.93	Health insurance	Health Insurance Counseling and Advocacy Program: Senior citizens	Responsibilities of long-term care insurer
12695.12	Health	Licensed clinic: Patient who remains for less than 24 hours	Comprehensive primary care services

Note. MFCC = marriage, family, and child counselor.

Table 6

California Military and Veterans Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
531	Behavioral, individual, group	Psychiatrist, MFCC, CSW licensed by state: Minors aged 15 and older who have committed a firearms-related offense at school	Provision and purpose of Turning Point Academy
975.5	Readjustment	Veterans assistant: Veteran	Veterans assistant

Note. MFCC = marriage, family, and child counselor; CSW = clinical social worker.

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Table 7

California Education Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
221.5	Career, vocational	School counselor, teacher, instructor, administrator, aide: Elementary/secondary pupil	Sexual discrimination
8804	Family, suicide prevention, neighborhood violence	Unspecified: Pupils from low-income families and their families	Support service programs to pupils and their families at or near the school
22119.5	Educational, vocational	Teacher, instructor, district intern, academic employees: Pupils in adult education, Regional Occupational Programs, child care centers, prekindergarten programs	Creditable services under Board of Governors of the California Community Colleges or approved charter schools
26113	Educational, vocational	Teacher, instructor, district intern, academic employee: Pupils in adult education, Regional Occupational Programs, child care centers, prekindergarten programs	Creditable services
32228.1	Individual	Unspecified: At-risk pupils	School Safety and Violence Prevention Act
33126	Individual	Qualified personnel: Pupil	School accountability report card
33381	Personal adjustment, academic, vocational	California Indian education centers: Pupils, adults	California Indian education centers
44046	Group, individual	Qualified social service agency: Parents, children	Contracts with qualified social service agencies to provide counseling in small school districts
44065	Vocational, educational	Holder of valid teaching or service credential: Pupils	Functions demanding a valid teaching or service credential
44265.10	Individual	Prelingually deaf school psychologist: Deaf and hearing-impaired pupils	School psychologist for deaf and hearing-impaired pupils
44265.8	Individual	Prelingually deaf school counselor: Deaf and hearing-impaired pupils	Two-year service credential for counseling deaf and hearing-impaired pupils
44265.9	Individual	Prelingually deaf school counselor: Deaf and hearing-impaired pupils	Criteria to verify proficiency of holders of credentials issued pursuant to Section 44265.8
44266	Individual	Holder of services credential with a specialization in pupil personnel services: Pupils	Minimum requirements for services credential with a specialization in pupil personnel services
44753	Credentials	Regional teacher recruitment center: Prospective teachers	Responsibility of Sacramento County Office of Education in teacher recruitment
44753.5	Career, credential	Regional teacher recruitment center: Prospective teachers	Regional teacher recruitment centers
47761	School-linked comprehensive	Unspecified: High-risk first-time offender and family	High-Risk First-Time Offenders Program
47766	School-linked comprehensive	Unspecified: Transitioning high-risk youth and family	Transitioning high-risk youth program
48430	Career	Continuation education schools: High school-aged pupils	Continuation education schools
48431.6	Academic	Unspecified: High school pupil aged 16 or older	Academic progress and counseling of sophomores and above

Table 7 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
48911.1	Individual	Unspecified: Suspended pupil	Supervised suspension classroom
48916	Individual	Unspecified: Expelled pupil	Expulsion order of a pupil
49424	Psychological	School psychologist: Children, parents	Definition and services of school psychologist
49426	Health-related	School nurse: Pupils, parents, school staff	Definition and services of school nurse
49600	Educational, academic, career, vocational, personal, social	School counselor: Students	Comprehensive educational counseling program for all pupils enrolled in school district
49602	Educational, academic, career, vocational, personal, social	School counselor: Students aged 12 years and older	Confidentiality of information disclosed during counseling
51760.3	Individual	Certified employee: Pupil under 16 years of age	Work experience education program
52302.5	Individual in career technical matters	Regional occupational program: Regional occupational program student	Regional occupational center/program
52376	Career	Not specified: Pupils in grades 6 through 12	Career technical education programs
52500.1	Vocational	Certified high school representative: High school pupil and pupil's parent/guardian	Conditions for being enrolled in adult education program
52900	Career	Alternative education and work center: High school dropouts	Alternative education and work center
54443.1	Career	Unspecified: Migrant students	Migrant education programs
54525	Psychological	Unspecified: Disadvantaged minors in kindergarten and grades 1 through 3	Pilot preschool follow through programs
54701	Career/college preparation	Not specified: High school pupils, especially those underrepresented in college	University and College Opportunities Program
54746	Career, nutrition, peer, individual, family, substance abuse, child abuse prevention	Unspecified: Adolescent student, and student's child	Allowable expenditures for support services for adolescents with children by a funded agency
56363	Individual, family	Regular/special class teacher, resource specialist: Student, parent	Individualized education program services
56441.3	Individual	Unspecified: Parent of preschool child	Early education services for preschool children
56493	Individual	Independent contracted advocate: Pupils with disabilities	Public advocacy services
56881	Psychological, vocational	Not specified: Individuals with exceptional needs	Establishment of procedures and review of funds available to federal programs which provide services to individuals with exceptional needs
58735	Individual, group, family	Not by volunteer interns: At-risk pupils, parents, and families	Gang-Risk Intervention Program
59002.5	Family	Unspecified: Parents, guardians, and families of deaf individuals	Cooperative services provided by Superintendent of Public Instruction and California Schools for the Deaf
59102.5	Family	Unspecified: Parents, family of visually impaired, blind, and blind-deaf individuals	Cooperative services provided by Superintendent of Public Instruction and California School for the Blind

Table 7 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
66271.7	Career, vocational, higher education	School counselor, teacher, instructor, aide: Community college students	Sexual discrimination in community colleges
66736	Individual	Community college counseling center: Community college transfer student	Maintenance of student transfer counseling centers in community colleges
67311	Academic, vocational, personal, peer	Not specified: Disabled postsecondary students	Categories for basis for funding for postsecondary disabled student programs
67390	Individual	Campus police, college student services/student affairs professional staff: Sexual assault victim	College students and rape
69641.5	Academic, vocational	Staff qualified to counsel community college students: Extended Opportunity Program students	Extended Opportunity Programs and Services
69969.5	Academic	Unspecified: Work-study program student	Teaching Intern Program within California Work-Study Program
71029	Postsecondary academic	Unspecified: Inmates, wards, ex-offenders enrolled in postsecondary educational programs	Cooperation between agencies in supporting programs which provide postsecondary educational opportunities
71050	Academic	Community college: Welfare recipient students	Level, type of services needed and available
72620	Education, career, personal, academic	Community college, public/private agencies, private school: Community college students	Counseling program in community college district
72620.5	Education, career, personal, academic	Community college, public/private agencies, private school: Community college students	Counseling and matriculation services for welfare-to-work students
72621	Educational, career/vocational, personal, social, academic	School counselor: Students aged 12 years or older	Confidentiality of information disclosed during counseling
78212	Enrollment	Community college: College student	Matriculation agreement between college and student
78216	Enrollment	Community college: College student	Need for additional funding support for student matriculation
79150	Individual	Community college: Community college students	Cooperative agencies: resources for education programs
88531	One-to-one	Economic development program centers and community colleges: Business owners/managers	Services provided by industry-driven regional collaborative
94316.5	Academic	Unspecified: Pupil	Performance standards for each course offered by institutions
94854	Academic	Unspecified: Pupils	Performance standards for each program offered by an institution

Table 8

California Penal Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
273.1	Group, individual, family	Treatment program for convicted child abusers: Convicted child abuser	Convicted child abuser treatment programs and conditions of probation
288	Individual	Child sexual exploitation/abuse counseling centers: Child victim of sexual abuse and/or exploitation, aged 14 or younger	Penalty for committing lewd/lascivious act with minor aged 14 or younger

Table 8 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
567	Behavioral court-ordered	Unspecified: Person convicted of cruelty to animals	Penalty for cruelty to animals
594	Court-ordered	Unspecified: Minor convicted of vandalism	Penalty for vandalism of real/personal property
594.1	Court-ordered	Unspecified: Minor convicted of vandalism	Aerosol paint container sales restrictions
646.94	Group, clinical	Parole agents, mental health providers: Convicted stalkers on parole	Intense, specialized parole supervision for convicted stalkers
1000.12	Individual	Public social services, probation department: Person convicted of crime, involving a minor, of an act of abuse or neglect	Counseling or psychological treatment in lieu of prosecution
1000.33	Sexual molestation, carnal abuse	Counselor qualified in carnal abuse/sexual molestation counseling: Person convicted of carnal abuse/sexual molestation	Pilot project of mental health department for those convicted of carnal abuse or sexual molestation
1000.5	Educational, vocational	Drug court program: Defendant	Preguilty plea drug court program
1001.20	Individual, family	Unspecified: Individual with developmental disability and family	Definition of terms related to mental retardation and habilitation
1202.1	HIV	Local health officer: Crime victim	AIDS testing in relation to sexual offenses
1202.4	Mental health	Unspecified: Crime victim	Restitution by defendant convicted of crime to victim who incurs economic loss
1203.016	Psychological	Unspecified: Low-risk offender, minimum security inmate	Voluntary participation in home detention program
1203.066	Individual, group, family	Integrated treatment program: Crime victims	Denial of probation for specified defendants
1203.096	Substance abuse	Unspecified: Convicted felon	Recommendation by court of substance abuse counseling/education program for convicted felons
1203.097	Group, alcohol, drug, substance abuse, violent behavior	Unspecified: Convicted batterer	Terms of probation of a convicted batterer
1203.1	Parent	Community college, school district, public/private agency: Convicted child abuser/neglecter	Granting of probation to defendant convicted of child abuse/neglect
1208	Rehabilitative, psychological, drug abuse, alcohol, vocational, educational	Unspecified: Work furlough county jail inmates	Work furlough program for county jail facility inmates
1210.1	Family	Unspecified: Person convicted of nonviolent drug possession	Possession of controlled substances and probation
1524.1	Professional	Local health officer: Crime victim	Informing a crime victim that the defendant is infected with HIV
3000	Family, personal, educational, vocational	Unspecified: Parolees transitioning from imprisonment to discharge	Services to assist parolees in transition from prison to discharge
3036.1	Family	Unspecified: Parolee	Possession of controlled substances and parole

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Table 8 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
3054	Reintegration, substance abuse	Unspecified: Female parolee with substance abuse problems	Pilot intensive counseling/training programs for female parolees with substance abuse problems
6240	Substance abuse	Unspecified: Substance abusers	Need for substance abuse programs in state prisons
6241	Substance abuse	Unspecified: Inmates	Creation of Substance Abuse Community Correctional Detention Centers Fund
6250.5	Drug and alcohol, employment, victim awareness, family responsibility	Community correctional facilities: Inmates	Community correctional facilities
6258	Drug and alcohol, stress reduction, employment, victim awareness	Community correctional reentry centers: Inmates	Community correctional reentry centers
7502	AIDS	Licensed physician, registered nurse, health professionals who meet Department of Health Services-guidelines: Inmates, persons in custody	AIDS counseling in correctional institutions
7513	Pretest/posttest HIV counseling	Certified HIV test counselor: Inmates	Rights of inmates in regard to HIV testing
7514	Personal	Chief medical officer: Inmate, law enforcement employee	Responsibility to provide counseling in regard to HIV test subjects
8052	Employment, psychological	Community-based residential programs: Inmates	Intermediate sanctions of inmates
13823.15	Peer, child	Domestic violence center: Domestic violence center client	Comprehensive statewide Domestic Violence Program
13825.4	Individual	Community-based organizations: At-risk youth	Community-based organizations to deter youth from participating in gangs
13835.5	Resource and referral, crime victim	Unspecified: Community agencies, crime victim	Comprehensive services for crime victims
13837	Victim	Rape, child sexual exploitation/sexual abuse victim counseling centers: Rape/child sexual abuse victims	Grants to proposed and existing rape, child sexual exploitation/ abuse victim counseling centers
13838	Rape crisis, mental health	Provider of mental health counseling service: Rape victim	Definition of peer counselor
14142	Individual	Unspecified: Female victims of violent crimes	Violent crime against women

Table 9

California Health and Safety Code Sections That Are Related to Counseling

Section	Type of counseling	Counselor: counselee	Summary
1250.3	Patient	Chemical dependency recovery hospital: Person with dependency on alcohol or other drugs	Chemical dependency recovery hospital
1598.1	Individual	Rape victim counseling center: Rape victim	Grants to proposed/existing rape victim counseling centers

Table 9 (Continued)

Section	Type of counseling	Counselor: counselee	Summary
1794.02	Nutritional	Unspecified: Dialysis patient	Definitions of terms related to dialysis
1794.12	Nutritional	Registered nurse: Dialysis patient	Services provided by home dialysis agency
11757.59	Nutrition, individual, group, family	Residential/nonresidential alcohol/drug treatment programs: Pregnant/postpartum women, their children	Services for Alcohol and Drug Abusing Pregnant and Parenting Women and Their Children pilot project
11758.46	Outpatient	Day care habilitative services centers: Persons with alcohol or other drug abuse diagnoses	Services included in Drug-Medi-Cal services
11837	Group	Program to offer alcohol/drug education/counseling: Driver convicted of DUI	Mitigated sentence for driver convicted of DUI who consents to participate in counseling program
11837.4	Individual, group	Alcohol/other drug education/counseling services program: Driver convicted of DUI	Requirements for licensure of alcohol/drug education/counseling services program
11971	Individual, group	Drug abuse program: Participants	Inclusions of a drug abuse program
11999.6	Family	Drug treatment program: Person with substance abuse	Distribution of monies from Substance Abuse Treatment Trust Fund
104375	Tobacco use prevention	Unspecified: School-age youth	Tobacco use prevention education programs
104460	Individual	School district: Pregnant minor, parent	Mandatory services for pregnant minors/parents by school districts with funding from the Cigarette and Tobacco Products Surtax Fund
120860	HIV	AIDS primary prevention program: Women, children	Listing programs of AIDS primary prevention for women, children
120900	Psychosocial	Early intervention project: HIV-infected person	Early intervention projects that provide long-term services to persons infected with HIV
123290	Smoke cessation	Unspecified: Low-income pregnant/postpartum woman at nutritional risk	Nutritional program for low-income pregnant women/postpartum women/infant/child under 5 years of age
123515	Psychosocial, nutrition	Community-based comprehensive prenatal care and services program: Low-income women/infants	Requirements for applicants to meet in awarding contracts/grants for prenatal care and services programs
123740	Grief	Public health nurse or social worker: Parent who lost child to sudden infant death syndrome	Definitions of terms related to sudden infant death syndrome
124180	Psychological, nutritional, maternity, adoption	Adolescent Family Life Program: Pregnant adolescents	Adolescent Family Life Program
124185	Substance abuse prevention	Adolescent Family Life Program: High-risk pregnant adolescents, high-risk parenting adolescents	Development of comprehensive substance abuse prevention/ intervention/counseling programs
124190	Substance abuse prevention	Adolescent Family Life Program: High-risk pregnant adolescents, high-risk parenting adolescents	Components of comprehensive substance abuse prevention/ intervention/counseling programs
124980	Genetic	Physician, certified advanced practice nurse with genetics specialty: Those believed to be at risk for a hereditary disorder	Hereditary disorders programs
125275	Individual, family	Alzheimer's diagnostic and treatment center: Victim of Alzheimer's and family	Functions of Alzheimer's diagnostic and treatment centers
127885	Individual	Health Professions Career Opportunity Program: Minority and disadvantaged students	Health Professions Career Opportunity Program to inform/ motivate minority/disadvantaged students to pursue health professions careers

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Appendix
Commissions Related to Counseling That Are Identified in Selected California Codes

Advisory Commission on Special Education
California Children and Families Commission
California Blue Ribbon Commission on Inmate Population Management
California Commission on Aging
California Commission on Crime Control and Violence Prevention
California Crime Commission
California Debt and Advisory Commission
California Health Policy and Data Advisory Commission
California Medical Assistance Commission
California Student Aid Commission
Commission for Teacher Preparation and Licensing
Commission of Rehabilitation Facilities
Commission of Housing and Community Development
Commission on Accreditation for Marriage and Family Therapy Education
Commission on Accreditation of Council on Social Work Education
Commission on Accreditation of Rehabilitation Facilities
Commission on Health and Safety
Commission on Judicial Performance
Commission on Peace Officer Standards and Training
Commission on Teacher Credentialing
Educational Innovation and Planning Commission
Health Facilities Commission
Industrial Welfare Commission
Joint Commission on Accreditation of Healthcare Organizations
Joint Commission on Accreditation of Hospitals
Labor Commission
Medical Assistance Commission
National Association of Insurance Commissioners
Postsecondary Education Commission
Public Utilities Commission
Rehabilitation Accreditation Commission
State Commission on the Status of Women
Violent Crime Victim Assistance Commission

Feature...

The Personal Side of Counseling...

"The Personal Side of Counseling" highlights feelings, opinions, and attitudes within and about the counseling profession.

Competent Counselors as Authors

Nils S. Carlson, Jr.

As authors, counselors are their own worst critics. They are typically afraid of expressing themselves, and they become fearful of imperfection. This article outlines some of the fears that counselor authors face, and explains the universality of revision and the concept of all writing being in the process of becoming. Counselors should share their special gifts with the world.

To begin with, what is a competent counselor? A competent counselor is a professionally trained professional who does the job as well as possible. There is no magic bullet, no cookbook method, and no magic spell to be conjured. There is seldom only one way to approach a problem, and the path selected will vary from counselor to counselor and from situation to situation. The counselee will ultimately believe that service has been provided.

The competent counselor can do the job, and is an individual in the process of becoming, as is the client. The competent counselor is never smug, is not perfect (and knows it), does not have answers, and maybe (probably?) is not always sure of the questions. He or she has a sense of humor (or is selling shoes by now), laughs at self, and accepts imperfection in self and others. The competent counselor sounds too human to be allowed!

Counselors as Authors

Counselors as authors are their own worst critics. "Be perfect" people fantasize their professional executions, become martyrs to rejection, and play the "what if" game insidiously and incessantly. There are many be perfects, as well as professional martyrs, in all professions. Otherwise, why would many put themselves through real and imagined self- and other-abuse to reach professional positions? Counselors tend to be afraid of writing, and, yet, every counselor has written literally dozens of papers, reports, and other writings, some of which have had far greater import than the decision of an unseen and unknown editorial board to request revisions of the writing, or even to reject the piece.

Virtually all work is in process and must be revised! This always was and always will be a truism. It is just another way of saying that there are no absolutes and that we are all in the process of becoming.

Deciding about Writing

You should write about what you love, enjoy, know, and/or want to learn more

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about. Let your personality and spirit be expressed in your writing. If you prepare a work for publication, and it is rejected, find out why! It may be because the journal to which you have submitted your work cannot or does not publish on that particular subject at this particular time. Perhaps the journal isn't comfortable with the subject of your work. Don't worry, be happy.

Some journals will suggest a better venue for your work. Submit your work to another journal as soon as it is rejected by the first. If editorial suggestions have been provided, incorporate them in a revision and then submit to the second journal. You should not have your work under publication consideration in more than one place at a time. This is unethical, perhaps illegal, and will cause you no end of grief. Do not give up.

I remember the story of the young college woman who called her parents and asked them what they would say if all sorts of horrible ills, which she listed in detail, had befallen her. When she confessed that none of this had occurred, and that she had only received an "F" in English, the situation was put into its proper perspective.

You do the same with rejections. Journal editorial boards are not devaluing you. They just cannot use your piece. If it is badly written, do it again. Eventually, it will come out right.

In short, remember:

1. A rejection is not the end of the world.
2. You are a fully functional and functioning professional.
3. Your ideas and skills are your gifts to the world at large, and should be shared.
4. Share!
5. Publication will enhance your professional status and reputation and will probably allow for job and other professional opportunities you have never considered.
6. Your writing is being criticized—not you!
7. Keep it in perspective.

Concluding Statement

Even if your work is rejected, you are a competent, caring, intelligent, professional person. Don't sweat the small stuff! Laugh at yourself. You are not the problem. All authors have rejection slips. If you receive an insulting or insensitive rejection, merely ask youself, "Who owns the problem?"

Don't sell yourself short. You owe it to yourself and to your profession to share your journey as a professional.

The Therapeutic Relationship: Its Primacy in Counseling Abused, Neglected, and Abandoned Foster Care Youth

Paul Lavin

The counseling relationship and its importance in effecting cognitive, emotional, and behavioral change with abandoned, abused, and neglected foster care youth are addressed in this article. Those research-based characteristics which have been found to be essential to therapeutic efficacy and guidelines for implementing them are presented.

The failure to provide viable mental health services for abused, neglected, and abandoned youth can have a far-reaching negative impact on society. With great frequency, these youngsters behave in an oppositional and aggressive manner, and they are at a higher risk for delinquency and academic failure than their peers (Geroski & Knauss, 2000; Snyder, Howard, & Sickmund, 1995). It has been estimated that a typical career criminal (one who engages in criminal activity from the age of 18 on) causes between 1.0 and 1.3 million dollars in social costs (Cohen, 1996). Society could conceivably save between 1.4 and 2.0 million dollars by providing appropriate intervention services for just one high-risk youth before he or she becomes such a criminal (Cohen, 1996).

Addressing child and adolescent behavioral problems while the youngster is still developmentally malleable makes more sense than waiting until personality traits become fixed and more resistant to change (Reynolds, 1998; Ziegler, Taussey, & Black, 1992). However, as those of us in the field know, working with abused children and adolescents is a difficult and challenging task. These youngsters are often depressed, mistrusting (particularly of adults), and hostile to the point that they can become explosive on a moment's notice. Moreover, because they are so mistrusting, they often view others as being against them, even when there is little or no evidence to support this perception. For example, it is not unusual for a chronically angry adolescent to contend that a peer or adult has insulted him or her because of an innocuous look or comment. The overreaction following such a harmless episode can be immense and even dangerous at times.

The Importance of Individual Counseling

Effective counseling strategies are needed in order to help these depressed and potentially violent young people. Although a combination of interventions is often advocated (Ford, 1996; Garrett, 1995; Geroski & Knauss, 2000; Izzo & Ross, 1990), a viable counseling relationship is the foundation upon which success is based (Lavin, 1998). Unless a trusting, secure, and honest adult-child relationship is achieved, it is unlikely that any sustained progress will occur. This is easy to understand if we try to view life from the child's perspective. These youngsters have been abused and neglected by the very people who were supposed to cherish, love, and rear them until their adult years. Such rejection has to hurt deeply, to the point of provoking profoundly sad and hopeless feelings. Moreover, the despair associated with their aban-

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donment spawns feelings of aggression and rage. These young people clearly understand that they have been treated unfairly by their parents and denied the care and protection of their birthright. However, it is not the emotional pain of being rejected that we observe. Rather, the fury associated with it frequently becomes displaced to even the most sincere, well-meaning professionals and outside caregivers. This intense anger and defensiveness must be diffused if progress is to be made. Only by lowering and removing these barriers can the child's mind become ready to receive and process new information. This can then result in the learning of viable behavioral patterns leading to success in mainstream society.

Again, it must be stressed that implementing the preceding is not an easy task. We must keep in mind that the abused, neglected, and abandoned child or adolescent has a vested interest in maintaining a jaded outlook and oppositionality. These serve as protective devices to avoid experiencing further hurt and rejection that might occur. In the child's mind, distancing oneself from even the most caring adults is the safer course of action. Therefore, we must expect to be tested, and at times even insulted by those we are sincerely trying to help. As Geroski and Knauss (2000) pointed out in their article on addressing the needs of foster care children, "The development of a therapeutic relationship between the counselor and the foster child may require a concentrated effort over a period of time" (p. 155). Thus, those of us who work with this population have to be prepared for a potentially long and intense struggle in order to gain the trust of these young people. However, the challenge of succeeding with these youngsters makes counseling them gratifying. Obviously, counseling abused foster care youth is not something that just any health care professional can do. It requires a high degree of skill, patience, and persistence to overcome the defenses and intimidation tactics which are thrust at us.

The Effective Application of Counseling Principles with Foster Care Youth

As stressed previously, a trusting, caring relationship is essential in order to counsel abused, neglected, and abandoned foster care youth effectively (Hanna, Hanna, & Keys, 1999; Lavin, 1996; Lavin & Park, 1999). In a research article, Shealy (1995) presented those common factors of therapist efficacy and the characteristics of the "best" child and youth care workers (p. 573). For example, some common factors of therapeutic efficacy were congruency, empathy, nurturance, and exploration of client, while best personal characteristics were nondefensiveness, good self-image, responsibility, and so forth. These factors and characteristics were identified as being essential to therapist efficacy, regardless of technique or theoretical orientation.

Shealy's findings are of major significance for those practitioners who work directly with foster care youth. The attributes which he identified are, in essence, the necessary ingredients for establishing a truly viable counseling relationship. It would make sense, therefore, that mental health professionals should be familiar with these and attempt to apply them in their work. Using Shealy's results, I have formulated nine guidelines which I have found to be effective in counseling foster care children and adolescents. Since I work directly with these young people, I have attempted to make these both meaningful and applicable to the actual field setting. A discussion of each of the guidelines follows.

1. Counseling abused, neglected, and abandoned youth requires that one be congruent, particularly when the very children and adolescents we are trying to help appear to be trying to intimidate or antagonize us deliberately. We must be models of emotional stability, genuineness, sincerity, and, particularly, nondefensiveness if we expect to

be able to influence their thinking and behavior. As indicated earlier, angry youth typically displace their aggressive feelings to other people. They will frequently display a cavalier, arrogant attitude, stating, "I don't care," in a surly, defiant manner when one tries to discuss their problems with them. It is imperative, therefore, that the counselor learn to distance himself or herself from the child's obnoxious behavior and not take their "disrespecting" personally. Viewing the youngster's behavior as a superficial, subconscious reaction to deep emotional pain will help.

2. The counselor must be able to accept these angry children and adolescents as is, with no strings attached. This means that, regardless of the youngster's current attitude, we must continue to show an ongoing, committed interest in helping him or her. In other words, we need the capacity to keep and display a positive orientation toward the child, even when our efforts are ignored and treated disdainfully. Acceptance with no strings attached means being nondefensive and caring, regardless of how the child acts.

3. The counselor must be empathetic. In other words, we must be able to walk in the child's shoes, clearly understanding how we would feel if we were reared by parents or other adults who abused, neglected, and abandoned us. Moreover, we need to be able to communicate this empathy to the child in words that he or she can understand. A rich vocabulary of specific "feeling words" can be very helpful in this regard. As indicated earlier, it is essential that the youngster know that the counselor is able to perceive the world from his or her frame of reference. The ability to label the myriad of emotions that the abused child has experienced accurately, along with attaching these to the specific events that triggered them, can be beneficial. This shows that we really understand the uniqueness and severity of what the child has encountered.

4. The counselor must be able to forge an alliance with the child so that the youngster perceives the counselor as someone who is truly working with him or her. Abused, angry youth are often egocentric, antagonistic, and particularly mistrusting. To forge an alliance, we must take an approach in which patience, kindness, and understanding are emphasized. Moreover, doing a favor for the child by going out of the way to perform such a service can be quite beneficial. This can be particularly effective because it shows a willingness to go beyond the limits of the job by doing something which requires more effort and for which there is no extra pay. For example, one of my clients was an excellent basketball player at the local high school. I contacted a coach at a nearby university, and the coach sent a letter expressing an interest in him. The young man was quite surprised that I showed so much concern for him and told me as such. Following this, a bond developed between us that not only deepened his trust in me but enhanced my counseling effectiveness with him as well.

5. The counselor needs to encourage angry, abused children and adolescents to engage in self-exploration and to accept responsibility for their actions. This can be achieved by asking questions such as, How do you feel? What were your thoughts? How did you react? To help the child to understand how his or her actions affect others, questions such as the following can be used: How do you think the teacher felt? What do you think that she or he was thinking about you? How did she or he react to what you did? Why do you think that she or he reacted that way? By answering questions requiring thought and reflection, the child can gain personal insight and understand how his or her behavior affects others. Further, skillful, thought-provoking questions can help the child to connect his or her actions with the consequences which follow. This can then lead to the development of an "internal locus of control," a central ingredient to accepting responsibility and achieving success (Crandall,

Katkovsky, & Crandall, 1965; Gagne, 1975; Seligman, 1975).

6. The counselor must set standards and goals and expect the child to reach them. It is important to recognize that many abused, neglected, and abandoned youth hardly ever think of themselves as having any strengths, despite their behavioral bravado. Many generally expect to do poorly, although they won't necessarily admit this. To combat this negative view, it is important to identify the youngster's strengths, abilities that he or she may not recognize or may use in socially inappropriate ways. All children and adolescents have capabilities that can be developed and used to achieve successfully in mainstream society. Our task is to identify these and to encourage the child to use them. Once goals are established, we need to directly express our belief in the youngster's ability to be successful, provided that he or she is willing to exert the effort to do so. Our positive attitude and confidence in the child can go a long way to inspiring him or her during the most difficult times.

7. The counselor must be firm and direct, set limits, and not be afraid to challenge and confront. Unconditionally accepting the child and being empathetic does not mean that the counselor should avoid discussing problem behavior. As noted previously, chronically frustrated youth can be intimidating and react explosively with the slightest provocation. The consequences of this may need to be discussed in the initial stages of counseling before this occurs. Letting the child know that the purpose of counseling is to help, not harm, him or her can be beneficial in diffusing potential aggression. Directly pointing out that challenging and confronting are a necessary part of the helping process is also essential. Being honest and forthright makes it more likely that the child can mature and profit from what you say. Moreover, firmness, being direct, and setting limits provide the structure needed for the development of a goal-oriented, viable counseling relationship. Setting limits helps the child to control his or her impulses and encourages the clear, disciplined thinking that is necessary for solving problems. Confronting chronically angry children and adolescents can be a daunting task, especially if the counselor is fearful. Such anxiety must be faced and controlled. Counselors must have the courage and confidence in their ability to implement this skill. If we are sensitive and use good judgment, it is unlikely that the youngster will become explosive when confronted. It is important that counselors take stock of themselves before they begin to work with angry children and adolescents who have been abused, neglected, and abandoned. If one has doubts about his or her capacity to implement the preceding, then consultation with another professional or mentor might be necessary.

8. The counselor must be nurturant and persistent in advocating for the child. Being nurturant means that we persist in being supportive, even when the child is creating problems for those around him or her. Angry, despairing youth count on us more than we might think. They will often look to us for inspiration when all else fails. Keep in mind that advocating for the child when he or she is doing poorly is particularly critical. It shows that we are persistent and that we really care about our commitment. In working with angry youth, the counselor will encounter many people who will be easily frustrated by these youngsters, believing that they are nothing but trouble and incapable of being successful. There may be pressure placed on us to agree with this view, which could lead to our giving up on the child. Maintaining our commitment and being a persistent advocate to make sure that the youngster receives needed services may not endear us to those who see the child in a negative light. However, our persistence will clearly indicate to the child that he or she is our most important priority.

9. The counselor must encourage the child to try new things and to learn about himself or herself through personal successes and failures. Angry, frustrated youth are not risk takers, even though their bravado would suggest to some people that they have "too much self-esteem." The contrary is quite often the truth, however. Because they lack confidence, they will often limit their range of activities for fear of looking foolish if they should fail. Encouraging them to engage in varied school and community activities and helping them to recognize that one can learn from failure and not be devastated by it is essential to personality growth. The counselor's confidence and the capacity to motivate and inspire the child can be of the utmost importance in achieving this goal.

Concluding Remarks

Providing individual counseling for abused, neglected, and abandoned youth is essential in helping them to cope with the feelings of rejection and anger associated with their traumatic past. This negative effect can, and often does, lead to explosive and antisocial behavior, impeding their ability to function in the school and community. Therefore, referring these young people to a professional counselor, social worker, or psychologist who is skilled in working with this population needs to be a top priority. While it certainly makes sense to adopt a multifaceted approach to helping abused, neglected, and abandoned youth, it is of the utmost importance that the establishment of an in-depth, caring relationship with at least one significant adult be developed (Azar, 1998; Lavin, 1998; Masten & Coatsworth, 1998; McMullen, 1995; Pakiz, Reinherz, & Giaconia, 1997).

Individual counseling has the potential of fostering such a relationship, provided that the caregiver has those personality characteristics and skills previously discussed. It is important to keep in mind that the counseling relationship is the catalyst that leads to enduring cognitive, emotional, and behavioral changes. Competent, skillfully applied counseling can remove those defenses that impede learning and personality growth. Moreover, it provides the child with those insights and coping strategies that are needed to overcome the adversity of the past and to build a successful future. Counseling angry, potentially violent, abused youth is not an easy task. For those who are willing to undertake this endeavor, it can be an immensely satisfying experience.

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